DOCUMENT RESUME

ED 382 586 SP 035 935

TITLE	HIV/AIDS Education Program Grades 6-12.
INSTITUTION	Arizona State Dept. of Education, Phoenix.
SPONS AGENCY	Center for Chronic Disease Prevention and Health Promotion (DHHS/CDC), Atlanta, GA. Adolescent and School Health Div.
PUB DATE	Sep 93
NOTE	304p.; For the Grades K-5 guide, see SP 035 934.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC13 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; *Adolescents; Community Involvement; Disease Control; Educational Legislation; Guidelines; *Health Education; *Health Promotion; *Instructional Materials; Intermediate Grades; Lesson Plans; Multicultural Education; Parent Participation; Program Development; Secondary Education

ABSTRACT

The five chapters in this manual outline a Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) education program for grades 6-12. The first chapter asks why HIV education should be taught in the primary grades, discusses who should teach HIV/AIDS education, and presents facts about adolescents and AIDS. Chapter 2 furnishes: (1) questions and answers about the Bill that mandated K-12 HIV education in all Arizona public schools; (2) criteria and procedures for notification of school districts of HIV-infected students; and (3) a sample parental notification letter. Considerations for the development of a comprehensive HIV education program are presented in chapter 3. Chapter 4 supplies the suggested scope and sequence for HIV/AIDS education grades K-12. The final chapter provides sample lesson plans for grades 6-12. Seven appendices contain: (1) an age appropriate glossary of terms; (2) basic information about HIV disease for educators, common questions and answers asked by students, teaching tips, and overhead transparencies; (3) infection control guidelines in the school setting--universal precautions to prevent the spread of HIV disease and OSHA Guidelines; (4) ways to involve parents and the local community in the HIV program; (5) suggestions for teaching health education topics, including HIV, in multicultural classrooms; (6) community resources; and (7) resource materials guide--audiovisuals, books, pamphlets, and curricula. (LL)

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HIV/AIDS Education Program

GRADES 6-12

Arizona Department of Education
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HIV/AIDS EDUCATION PROGRAM

Grades 6-12

Arizona Department of Education
Comprehensive Health Unit

September 1993

This publication was developed with funds provided through a cooperative agreement with the Center for Chronic Disease, Centers for Disease Control, Prevention and Health Promotion, Division of Adolescent School Health.

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The Arizona Department of Education gratefully acknowledges the following organizations for their contributions to the K-5 and 6-12 HIV/AIDS Education Programs.

The ADE HIV Program would also like to thank the staff in Information Services for all their assistance in preparing this document.

1. "AIDS: What Every Teacher Must Know: Skills, Strategies and Information for Teaching Effective AIDS Prevention, Grades K-12"
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I. INTRODUCTION

INTRODUCTION

The worldwide epidemic of HIV infection and AIDS has challenged us for a decade. As of September 1992, the World Health Organization estimates that, conservatively, 13 million people are now HIV-infected throughout the globe. The distribution of these cases varies considerably, with approximately six million living in Africa, 1.5 million each in both North and South America, and half a million each in Europe and Asia.

Approximately one in ten people infected worldwide reside in the United States. Of these individuals, over 220,000 are either experiencing life-threatening illnesses or are already deceased. In Arizona, as of July 1992, there are over 4,500 people who have already tested positive for the Human Immunodeficiency Virus (HIV), 75 of them 19 years of age or younger. Twenty-five infected children are under the age of 13. In just two years, Arizona has seen a 48 percent increase in reported adult cases of HIV infection and a 40 percent increase among children and adolescents. And these are only the **reported** cases. With the transient nature of our society and the fears of breaches in confidentiality, the Arizona Department of Health Services estimates the actual number of infected persons may be closer to 15,000 in Arizona alone.

For this reason, the U.S. Department of Health and Human Services, Centers for Disease Control, has allocated limited funds to all state Departments of Education to assist schools by developing teacher training programs and educational guidelines in an effort to provide our students with potentially life-saving information.

After a decade of experience in HIV prevention, the World Health Organization states that three elements are required to slow down the spread of HIV disease:

- Accurate Information and Education,
- Adequate Health and Social Services, and
- A Compassionate Response.

There is still no cure for HIV disease, and no vaccine. While treatments are extending life and improving the quality of life for those infected, it remains a physically, emotionally, and financially devastating health challenge. We must do all in our power as parents, educators, and community health professionals to prevent the further spread of HIV disease among our youth.

WHY SHOULD WE TEACH HIV EDUCATION IN THE PRIMARY GRADES?

Child development professionals agree that children learn health-promoting behaviors best if they are taught within the context of a K-12 comprehensive health education program. To be effective, information about HIV disease transmission and prevention must be repeated over a span of time. Considering the devastating consequences of this disease, and the knowledge that it is preventable, beginning in the elementary grades maximizes our chances of being effective.

In the primary grades, children are also naturally curious about their world, and their interest in diseases, including AIDS, is normal and healthy. Our main objective when teaching young children about this disease is to diffuse fear and reassure them that they cannot contract HIV disease from participation in normal school activities. We must emphasize that HIV/AIDS is actually hard to get, that it primarily affects adults, and that health care specialists are working very hard to find a cure for the disease.

HIV education in the primary grades does not focus on human sexuality but rather emphasizes good hygiene and safety. For instance, one message we want to get across to kindergartners is not to pick up or play with sharp objects they might find on the ground, such as shards of glass or used syringes. We want them to respect blood as a source of germs, instruct them not to touch another person's blood, even a friend's or family member's, and tell them to get help from an adult if the person who is bleeding needs assistance.

WHO SHOULD TEACH HIV/AIDS EDUCATION?

We have already mentioned that information about HIV disease is best taught within the context of comprehensive health education. But equally important to the success of your program is the selection of an appropriate teacher(s) who is prepared with accurate information and comfortable with the topic. Team teaching with the school nurse, school counselor, or a community health professional is an ideal way to "share the wealth" of instruction and increase student interest at the same time. The temptation, with a controversial topic such as AIDS, is to invite a guest speaker in to give the entire presentation. While on the surface this may seem practical, it is important for students to see their teacher as a resource for them after the "expert" is gone.

There is one more factor to consider. At this stage in the AIDS epidemic, an increasing number of children have a family friend, neighbor, or relative who is dying or may have already died from this disease. It is also possibly that with the current advancements in medical treatment, you may have an HIV-infected student in your classroom. Imagine for a moment that this is true. How do you think this knowledge would impact your instruction on the topic of AIDS? If you knew the identity of the child, how comfortable would you be giving the child a hug at the end of the day? If the child had a fall on the playground and was bleeding, do you know what precautions to take which would enable you to assist the child calmly and safely?

Due to the tremendous stigma which surrounds this disease, a child with HIV/AIDS may have been told not to discuss his or her diagnosis with anyone at school. This overwhelming need for confidentiality unfortunately deprives the child of much-needed emotional support—support that is routinely provided to other children who are physically or emotionally challenged. For this reason, it is imperative that the instructor discuss the topic of HIV/AIDS with sensitivity and compassion.

The Facts

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YOUNG WOMEN AND AIDS: A WORLDWIDE PERSPECTIVE

Worldwide, open discussions of adolescent sexuality have long been taboo, as have discussions of non-reproductive female sexuality. Adolescent female sexuality, then, is doubly taboo. Considering that aside from abstinence, frank discussion of high risk behaviors and safer sex techniques are the only two known methods of stopping the spread of the AIDS virus, this silence prevents young women from learning how to protect themselves from HIV infection.

Young Women and AIDS in the U.S.

- In the United States, women constitute the fastest growing group of persons with AIDS. As of September 30, 1990 there were 14,452 reported cases of adolescent and adult women with AIDS, representing a 49 percent increase from the previous year.[1]
- The annual incidence of AIDS among children and women of childbearing age in the U.S. has been increasing every year for most racial/ethnic groups but has been persistently higher among blacks and Latinos than other groups.[2]
- In New York City, AIDS is the leading killer of women between the ages of 25-34. Because of the long latency period between HIV infection and the onset of symptoms, most were likely infected with HIV as adolescents.[3]
- There are currently 140 reported AIDS cases among adolescent females ages 13-19 in the United States. This relatively low prevalence rate undoubtedly underestimates the true HIV infection rate in adolescents who, because of the long latency period of HIV, do not show symptoms of AIDS until they are in their 20s.[4]
- The number of reported AIDS cases in adolescent women ages 13-19 increased a startling 71 percent between September 1989 and September 1990 in the U.S.- more than twice the increase among adolescent males of the same age for the same time period.[1]

Behavioral Risk Factors For Young Women In the U.S.

- Adolescents are becoming sexually active at an increasingly younger age. In a recent survey, one-third of never married 16-year-old women in the United States have had sexual intercourse.[4] Adolescents who initiate sexual intercourse at younger ages are more likely to have multiple partners in their adolescent years, thus increasing their chances of acquiring an STD, including HIV.[5]
- Females who become infected with HIV through sexual transmission tend to be younger at diagnosis of AIDS than are males with any risk factor as well as women who have a history of IV drug use. This difference is thought to occur because of the tendency of young women to have sexual intercourse with older men who often have had a higher chance of exposure to HIV through multiple partners, and are more likely to have used intravenous drugs.[6]
- Use of drugs and alcohol can compromise judgment and reduce the likelihood that a young woman will make appropriate decisions about protecting herself from HIV infection.[7]
- More than 900,000 youth, two-thirds of them female, are involved in prostitution; their average age is 15.[8] Nearly four-fifths of adolescent female prostitutes are thought to be runaways.[9]

Frequency of STDs, Early Sexual Activity Associated with Increased HIV Risk in Developing Countries

- Sexual intercourse is common among teens in both Africa and Latin America. The average age of first intercourse among adolescent males in Latin America is 15; for females, it is 17. In Africa women marry very young which, combined with the practice of polygamy, increases their exposure to HIV through their husband's multiple partners.[10,11,12]

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- STDs such as gonorrhea and syphilis increase the likelihood of HIV transmission through anal, oral, or vaginal intercourse. WHO also reports that worldwide one in 20 teenagers contracts an STD each year. Young women are often especially vulnerable to STDs because most cultures permit them less access to knowledge of STDs than young men, and thus they are less aware of how to protect themselves, and because their developing cervical anatomy makes them more vulnerable to STDs.[13,14,15,16]
- In Latin America, Brazil and Mexico lead in numbers of documented cases of AIDS among youth ages 15-24. While no similar statistics are available for Africa, the number of pregnant women who are HIV positive is a good indication of the incidence of the virus among women of childbearing age. In Blantyre, Malawi, Lusaka, Zambia, and Kigali, Rwanda, recent studies of pregnant women show rates of seropositivity between 22 and 30 percent. Given that births to adolescent women comprise nearly 20 percent of all births in sub-Saharan Africa, many of these young mothers who are HIV-positive are likely to be adolescents.[17,18,19]

Cultural, Economic Factors Contribute to Regional Variations in Patterns of Transmission

- Children living on the street are at a tremendous risk of becoming infected with HIV because of their vulnerability to sexual exploitation. Data show HIV positive levels to be between 2 and 10 percent for street youth in the U.S., Brazil, the Dominican Republic, and Mexico.[20,21]
- Prostitutes, who often do not have the power to insist that their clients wear condoms, are in great danger of contracting HIV. In Thailand, one source reports that 6 percent of the country's 10,000 HIV-positive people are female prostitutes between the ages of 15 and 20, and the incidence of sexual transmission is rising.[22]
- Cultural factors often deprive women of the power necessary to negotiate condom use with their partner. In Latin America, women risk accusations of unfaithfulness if they suggest that their partner use a condom. In Africa, where condoms are not available in many areas and polygamy is still a relatively common practice, women who are economically dependent on their husbands frequently lack the authority to insist on condom use. In the Far East, prostitutes may lose customers if they demand condoms.[22,23,24]
- In Africa, men who have sex with younger women to protect themselves from the virus have begun transmitting it to this group. The Ministry of Health in Uganda now reports twice as many cases of AIDS among girls ages 15-19 as among boys in the same age group.[25]

Future Trends

- Percentages of pregnant women and mothers who are HIV positive are also important indicators of the toll the virus will take in the future. Thirty to 40 percent of the children born to HIV positive mothers will themselves carry the virus, but even children born without it will be affected. According to WHO estimates, between 6 and 11 percent of the children under 15 in central and eastern Africa will lose one or both parents to AIDS in the nineties, greatly reducing their prospects for survival. Worldwide, WHO estimates that by 1992 at least one million children will be born to HIV positive mothers.[25,26]
- The U.S. Public Health Service has projected that there will be approximately 3,000 cases of pediatric AIDS by the end of 1991, and most of these infants will have acquired the infection by transmission from their mothers.[27]
- The World Health Organization (WHO) estimates that during the 1990s the AIDS pandemic will kill approximately three million or more women and children throughout the world and more than 10 million uninfected children will be orphaned because their parents have died from AIDS.[28]

Compiled by Jennifer Hirsch and Jennifer Hincks, December 1990

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ADOLESCENTS AND SEXUALLY TRANSMITTED DISEASES

The rapid growth of HIV infection raises significant concerns about the overall reproductive health status of today's adolescents. Teenagers, because of their risk-taking behaviors, are at risk of HIV infection, a threat which is further complicated by the dramatic leap in other sexually transmitted diseases (STDs). While adolescents experience higher rates of STDs than any other age group, they are least likely to obtain care. When left undiagnosed and untreated, STDs exact a high cost in pelvic inflammatory disease, infertility, ectopic pregnancy, and cervical cancer. They also can facilitate transmission of HIV.

Sexually Transmitted Diseases and HIV Infection

- Every year 2.5 million U.S. teenagers are infected with an STD; this number represents approximately one out of every six sexually active teens and one-fifth of the national STD cases.[1]
- Over one-fifth of people with AIDS are in their 20's.[2] Because the latency period between HIV infection and onset of symptoms is about ten years, most of these people probably became infected with HIV as teenagers.
- As of July 30, 1990, 558 cases of AIDS among teenagers were reported to the Centers for Disease Control. Of the teenagers infected, 44 percent are white, 36 percent are black, 18 percent are Hispanic, and 2 percent are of other races.[2]
- While the rate of syphilis infection declined steadily between 1982 and 1986, it increased dramatically -- by 46 percent-- over the past several years, reaching a rate of 16.6 per 100,000, the highest level in forty years.[3]
- Approximately 1-2 million cases of gonorrhea are believed to occur each year. While rates of gonorrhea have steadily declined, many new penicillin-resistant strains have emerged.[4] Overall rates among adolescents have declined more slowly than any other age group, and have actually increased among black adolescents.[1]
- Among sexually active women, rates of gonorrhea and syphilis infection are highest among adolescents and drop rapidly with increasing age.[5]
- Nearly 1 million cases of human papillomavirus (HPV) are believed to occur each year.[1] One study found that 38 percent of sexually active teens examined were infected with HPV.[6]
- Chlamydia represents the most prevalent STD in the United States, infecting an estimated 4 million people each year.[1] Adolescents have the highest rate of chlamydial infection and associated complications, such as pelvic inflammatory disease, ectopic pregnancy, and infertility.[7]

Behavioral Risk Factors

- Adolescents who initiate sexual intercourse at younger ages are more likely to have multiple partners in their adolescent years, thus increasing their chances of acquiring a STD, including HIV.[8]
- The average age of first sexual intercourse is 16.2 for females and 15.7 for males.[9] From 1982 to 1988, the percentage of 15- to 19-year-old girls who had ever had premarital sexual intercourse increased from 43 percent to 51 percent.[10]
- In metropolitan areas, in 1979, 66 percent of adolescent males ages 17-19 reported that they were sexually active. This number increased to 76 percent in 1988.[11] Reported use of condoms at last intercourse also rose from 21 percent in 1979 to nearly 58 percent in 1988.
- While adolescents exhibit a high level of knowledge about modes of HIV transmission,[12] few sexually active teens change their behavior based on factual information alone. In one 1988 study conducted in Massachusetts where teen

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knowledge of HIV is reported to be high, two-thirds of sexually active teens, ages 16-19, reported recent sexual intercourse without the use of condoms.[13]

- Sexually active teens are more likely to use condoms consistently if, in addition to knowing the facts about HIV and STDs, they feel personally at risk; believe condoms are effective in preventing HIV infection; perceive few barriers to their use; consider them to be popular among their peers, and have the skills to negotiate condom use with a partner.[14,15,8]
- Drug and alcohol abuse are major co-factors in the HIV and STD epidemics. While IV drug use provides a direct route for HIV transmission, non-injection drugs and alcohol can compromise judgment, reducing the likelihood that a young person will make appropriate decisions about avoiding HIV.
- HIV infection may be present for up to 10 years before showing symptoms, nonetheless, teenagers often believe that they are capable of identifying someone with HIV infection.[8]
- Many teenagers with an STD are asymptomatic or do not recognize their symptoms,[16] thereby leading to secondary complications, including pelvic inflammatory disease, ectopic pregnancy, cervical cancer, and infertility.
- Adolescents are often reluctant to seek regular reproductive health care or treatment for an STD. Most adolescents learn that they have a sexually transmitted disease only after they have sought health care for some other reason, most often contraception or prenatal care.[17] On average, girls who are sexually active wait 11.5 months between initiating intercourse and making their first visit to a family planning clinic.[18]
- Once diagnosed with an STD, only half of all teenagers will agree to full treatment.[19] This low compliance with treatment regimens has been partly attributed to adolescent concern about confidentiality.[20]

Medical Risk Factors and Implications

- Sexually active adolescents who suffer from genital ulcers associated with syphilis or genital herpes may be at greater risk of acquiring HIV. Several studies have shown that genital ulcers facilitate transmission of HIV.[21]
- Adolescent females suffer disproportionately from the more severe conditions of STDs. This fact is attributed, in part, to their developing cervical anatomy which predisposes them to STDs and subsequent infections.[20]
- Young women who initiate intercourse at an early age face the greatest risk of developing cervical cancer, usually discovered 6-20 years after first coitus.[22]
- Each year, approximately one million women experience an episode of pelvic inflammatory disease (PID), 16-20 percent of whom are adolescents.[20] Adolescent females with multiple partners have the greatest risk of developing acute PID. Among sexually active women, adolescents face a one-in-eight chance of developing PID compared with a one-in-eighty chance among 24-year-old women.[23]
- An estimated 60,000 women each year become infertile as a result of PID.[23] Women ages 15-24 who have experienced an episode of PID face a 9.4 -52 percent risk of becoming infertile, depending upon the number of repeat infections.

Access to Education and Services

- Twenty-eight states and the District of Columbia require some form of HIV education for students.[24] While the majority of school districts provide some form of HIV education, most do not require it at every grade level, nor do they guarantee adequate training for all teachers. One study found that only 5 percent of the surveyed districts require HIV education at all levels and one-fifth of teachers nationwide had not been trained by the end of the 1988-89 school year.[25]
- All 50 states permit a minor to consent to treatment for an STD, but only five states specifically authorize minors to give consent to HIV testing.[26]
- Only 10 percent of primary care physicians surveyed in 1988 ask their patients questions that might reveal their STD status,[27] and in 1985, almost half of U.S. medical schools offered no clinical curricula on STDs.[3]

Compiled by Christina Biddle, July 1990

The Facts

the Centers for Population Options

ADOLESCENTS, AIDS AND HIV

AIDS is not highly visible in the adolescent population — less than 1 percent of the national AIDS cases reported to the Centers for Disease Control (CDC) are among teenagers. And yet, the formative period of adolescence often involves participation in risk-taking behaviors. This factor, combined with the likelihood that one-fifth of all people with AIDS (adults ages 20-29) were probably infected in their teenage years, has prompted the Public Health Service to make teenagers a central target of HIV prevention education. During the last decade, teens reported higher levels of sexual activity at earlier ages, experienced more than one million pregnancies a year, and suffered from persistently high rates of sexually transmitted diseases. To reduce the incidence of AIDS in the future, policies and programs must address adolescent decision-making regarding sexual activity and substance abuse. This effort will also afford an opportunity to confront the more visible crises of unwanted teen pregnancy and STD infection.

The First Decade of the Epidemic: Trends and Forecasts

- An estimated one million people in the United States are infected with HIV[1]; this number represents approximately one in 100 adult males and one in 600 adult females.[2]
- In 1987, the Centers for Disease Control determined that AIDS was the 15th leading cause of all U.S. deaths. Among men aged 25-44, AIDS became the second leading cause of death in 1989 and is estimated to become the fifth leading cause of death among women in the same age group in 1991.[3]
- Between 1981 and May 1991, more than 179,000 cases of AIDS and over 113,000 AIDS-related deaths were reported to the CDC. The Public Health Service predicts that a cumulative total of 400,000 diagnosed cases of AIDS and 290,000 AIDS-related deaths will be reported to the CDC by the end of 1993.[1]
- Current calculations of AIDS-related deaths are believed to be inaccurate due to underreporting and underdiagnosis. Because many clinical manifestations are not reportable under the current CDC surveillance definition of AIDS, only three-fourths of deaths attributable to HIV infection are believed to be reported.[1]

HIV Infection Among Teenagers

- As of May 31, 1991, 691 cases of AIDS among teenagers (ages 13-19) were reported to the CDC. However, more than 20 percent (35,635) of persons reported with AIDS are in their 20's. Given the average ten year period between infection and onset of symptoms, the majority of these people were probably infected with HIV during their teenage years.[4]
- Among teenagers who applied for military service between 1985 and 1989, three out of every 10,000 tested positive for HIV. Among black teens, the infection rate was one in 1,000.[5]
- In an HIV seroprevalence survey conducted at 19 universities throughout the United States, thirty (0.2 percent) of the 16,861 students, or one in 500, tested positive for HIV.[6]
- In a study conducted by a shelter serving runaway and homeless youth, 142 youth in the study — more than 5 percent — were infected with HIV.[7]
- A greater percentage of adolescents than adults with AIDS are female (26 percent vs. 10 percent), are black and Hispanic (56 percent vs. 44 percent) and were infected with HIV through heterosexual contact (14 percent vs. 5 percent).[4]

Sexual Activity, Drug Use, and STDs

- Adolescent women are initiating sexual intercourse at an increasingly early age. Between 1970 and 1988, the proportion of adolescent women ages 15 - 19 who reported having had premarital sexual intercourse increased from 28.6 percent to 51.5 percent. The largest increase occurred among those 15 years of age (from 4.6 percent to 25.6 percent).[8]

References

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[2]CDC, "Special Report on Evaluation," *CDC HIV/AIDS Prevention Newsletter*, Feb 1991).

DC, "Mortality Attributable to HIV Infection/AIDS - United States, 1981-1990," *MMWR*, 40:40 (Jan 1991). AIDS is the number one cause of death among certain populations in specific regions: black women ages 15-44 in New York and New Jersey; young adult men in San Francisco, Los Angeles, and New York City, and in New York State, 1-4 year old Hispanic and black children.

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[9]R.W. Hingson et. al., "Beliefs about AIDS, Use of Alcohol and Drugs, and Unprotected Sex among Massachusetts Adolescents," *American Journal of Public Health*, 80:295 (Mar 1990).

J.E. Keller et. al., "HIV-Relevant Sexual Behavior Among a Healthy Inner-City Heterosexual Adolescent Population in an Endemic Area of HIV," *Journal of Adolescent Health*, 12:44 (Jan 1991).

- Adolescents who initiate sexual intercourse at younger ages are more likely to have multiple partners, thus increasing their chances of becoming infected with STDs, includir HIV. In 1988, 75 percent of 15 - 24 year olds who had initiated intercourse before age 1. reported having had two or more partners, and 45 percent reported having had four or more partners. Only 20 percent of women who had become sexually active after age 19 reported having more than one partner and 1 percent reported four or more partners.[8]
- Several studies have shown that sexually active teens are much less likely to use condoms after drinking alcohol or using drugs.[9,10] Among inner-city youth who were highly informed about HIV transmission, occasional alcohol and marijuana use were considered to be strong predictors of high-risk sexual activity.[10]
- The use of crack cocaine is associated with high levels of sexual activity and risk-taking. A study of female crack users found that they reported twice as many sexual partners per month as non-users. One-third of black adolescent male crack users in another study reported ten or more sexual partners in the last year.[11]
- While most age groups experienced a decline in rates of gonorrhea between 1975 and 1989, rates actually increased among adolescents, with the sharpest increase appearing in black teenagers. In 1989, approximately 175,000 cases of gonorrhea infection were reported among teens.[12]
- Sexually active adolescents who suffer from genital ulcers associated with syphilis or genital herpes may be at greater risk of acquiring HIV as several studies have shown that genital ulcers facilitate transmission of the virus.[13] During the last two decades, reports of symptomatic genital herpes among adolescents increased from an estimated 15,000 in 1966 to 125,000 in 1989.[12]

Homelessness, Poverty, and Abuse May Increase Adolescent Exposure to HIV

- Approximately one million youth run away from their homes each year due to family conflicts, violence, and abuse.[14]
- In a shelter serving runaway and homeless youth in New York City, almost all youth (91 percent) reported being sexually active, with an average of nearly 3 sexual partners a week. Thirty-eight percent said they used crack and 29 percent admitted to having exchanged sex for food, money, shelter or drugs.[15]
- Nationally, approximately one in four girls and one in six boys are sexually assaulted before the age of 18. Studies indicate that a history of sexual abuse is associated with behavioral outcomes that place an individual at high risk for exposure to HIV — such as prostitution, teenage pregnancy and having multiple sexual partners.[16]

Current Education Efforts and Future Directions

- By January 1991, 33 states and the District of Columbia required that all school districts provide some form of AIDS education.[17]
- Although the vast majority of teenagers know the basic facts about HIV transmission, many continue to have misconceptions about the disease. In one study, 12 percent of high school students thought that birth control pills provided some protection against HIV; 23 percent thought they could tell whether a person was infected by looking at this person, and 55 percent thought insect bites could transmit HIV.[18]
- National studies suggest that AIDS awareness is partly responsible for an increase in condom use among sexually active teens. In one study, condom use increased among sexually active women, ages 15-19, from 21 percent in 1982 to 33 percent in 1988.[19] Another study showed that between 1979 and 1988, reported use of condoms at last intercourse among 17-19 year old males living in metropolitan areas more than doubled—from 21 percent to 57 percent.[20]
- Despite high levels of knowledge about HIV, sexually active adolescents are not likely to adjust their behavior based on factual information alone. Sexually active teens are mor likely to use condoms consistently if they also feel personally at risk; believe condoms effective in preventing HIV infection; have the skills to negotiate condom use with a partner; have talked to a physician about condoms, and perceive peer approval of condom use.[9,21]

Compiled by Christina Biddle, July 1991

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[3]T.C. Quinn et. al., "Human Immunodeficiency Virus Infection Among Patients Attending Clinics for Sexually Transmitted Diseases, *The New England Journal of Medicine*, 318:197 (Jan 1988).
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July 1991
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II. HIV LEGISLATION— IMPLICATIONS FOR SCHOOLS

§ 15-716. Instruction on acquired immune deficiency syndrome; department assistance

A. Each common, high and unified school district shall provide instruction to kindergarten programs through the twelfth grade on acquired immune deficiency syndrome and the human immunodeficiency virus.

B. Each district is free to develop its own course of study for each grade. At a minimum, instruction shall:

1. Be appropriate to the grade level in which it is offered.
2. Be medically accurate.
3. Promote abstinence.
4. Discourage drug abuse.
5. Dispel myths regarding transmission of the human immunodeficiency virus.

C. No district shall include in its course of study instruction which:

1. Promotes a homosexual life-style.
2. Portrays homosexuality as a positive alternative life-style.
3. Suggests that some methods of sex are safe methods of homosexual sex.

D. At the request of a school district, the department of health services in conjunction with the department of education shall review instruction materials to determine their medical accuracy.

E. At the request of a school district, the department of education shall provide the following assistance:

1. A suggested course of study.
2. Teacher training.
3. A list of available films and other teaching aids.

F. At the request of a parent, a pupil shall be excused from instruction on the acquired immune deficiency syndrome and the human immunodeficiency virus as provided in subsection A of this section. The school district shall notify all parents of their ability to withdraw their child from the instruction.
Added by Laws 1991, Ch. 269, § 1.

Historical and Statutory Notes

1991 Reviser's Note:
Pursuant to authority of § 41-1304.02, in subsection C, paragraphs 1 and 2 the spelling of "life-style" was corrected and in subsection F, first sentence the second "the" was transposed to follow "on".

SOURCE: West's Arizona Education Code 1991, West Publishing Co., St. Paul, MN.

QUESTIONS AND ANSWERS CONCERNING SB 1396

1. In one sentence, what does this bill mandate?

A. HIV/AIDS education in grades kindergarten through twelve in all public schools in Arizona.

2. When does this law go into effect?

A. September 21, 1991.

3. Does this mean that school districts must have an HIV/AIDS education program in place by September 21, 1991?

A. No. School districts need to be aware of the mandate, and working toward putting an appropriate program into place. Many already have a strong HIV/AIDS education program.

4. How much time must be devoted to HIV/AIDS education at each grade level?

A. This is left to the discretion of the individual school districts.

5. Does the state have a mandated HIV/AIDS curriculum that schools must follow?

A. No. SB 1396 specifically says that each school district is free to develop its own course of study.

6. Where can a school district get help in developing its own course of study?

A. The Arizona Department of Education (ADE), Comprehensive Health Unit. There are two HIV Education Specialists to assist in curriculum, training and teaching resources.

7. Is there "AIDS money" like there is "drug money" to assist the schools in developing programs?

A. Not as such. There is no "AIDS money" that can go directly to schools. However, all teacher training and materials provided by ADE are free to schools.

8. Is there "state money" involved in HIV/AIDS education?

A. No. The two HIV Education Specialists and their clerical person are paid by the federal government through a continuing agreement with the Centers for Disease Control.

9. Who will teach HIV/AIDS education in the schools–does this mean hiring another staff member?

A. HIV/AIDS education can be taught by classroom teachers, by health educators, school nurses, teachers of science, economics – any discipline. It does not necessitate hiring additional staff.

10. How does a teacher become qualified to teach HIV/AIDS education?

A. The HIV Education Specialists at ADE will be giving 12 two-day trainings at various locations throughout the state during the next six months. Two of these programs will be specifically for educators of children with special needs.

11. Things about AIDS keep changing – treatments, how it is contracted, who can get it – how do I get the latest information?

A. The Centers for Disease Control's National AIDS Hotline (1-800-342-AIDS) offers 24 hour service, seven days a week to respond to any questions you might have. The service is available in Spanish (1-800-344-SIDA) and for the hearing impaired (1-800-AIDS-TTY).

For free publications and posters call the National AI. Information Clearinghouse (1-800-458-5231).

The Arizona Department of Health Services in conjunction with the Arizona Department of Education will be happy to review school educational programs for medical accuracy.

12. There is no money in my school budget for AIDS education. How can I get videos, visual aids, and other materials to use in classrooms?

A. The ADE Program Review Committee on HIV has previewed numerous videos and books this summer for medical accuracy, age appropriateness and quality of presentation. Several were highly recommended, and will be available on a free, time-limited loan basis, through the new Arizona Prevention Resource Center in Tempe, Arizona. (602-965-9666). Since HIV disease can be acquired through intravenous drug use, federal chemical abuse prevention funding may be used if HIV instruction relates to drugs and drug addiction, decision-making and risk-taking; stress management techniques; assertiveness and self-esteem building.

13. Why did the legislative mandate include children as young as kindergarten to receive HIV/AIDS education?

A. Ideally, HIV/AIDS would be taught within a context of a comprehensive health program, and beginning with kindergarten lays a foundation for basic good health practices.

14. Exactly what can you teach a child about HIV/AIDS at . five or six?

A. Very young children are taught about general good hygiene–hand washing, covering mouth or nose when sneezing or coughing, etc. Examples of AIDS-specific instruction would be not touching someone else's blood, what to do when there is an injury (call the nurse or other adult).

15. When do you start teaching about sex, homosexuals, drugs and condoms?

A. This is at the discretion of the school district. Many districts will choose to teach abstinence only, from both drugs and sex. Other districts will introduce the topics listed above as they become appropriate to their curriculum.

16. If the state doesn't mandate a curriculum, and it's at the discretion of the individual school district, who in that school district can have input?

A. Most school districts have a committee representing faculty, school board, parents and community-at-large who determine the needs of their community. There are many sample programs from the most conservative to the most liberal to use as a guide, in addition to the K-5 and 6-12 guides developed by ADE.

17. May a parent opt to have a child excused from HIV instruction in the school?

A. Yes, this is provided in an amendment to SB 1396.

H.B. 2126—CRITERIA AND PROCEDURES FOR NOTIFICATION OF SCHOOL DISTRICTS OF HIV-INFECTED STUDENTS

This bill mandated that the Arizona Department of Health Services (ADHS), in consultation with the State Superintendent of Public Instruction, establish criteria to be used in deciding whether to notify a local school district when a student in the district has tested positive for the Human Immunodeficiency Virus (HIV), which causes AIDS. These criteria are now part of the ADHS Communicable Disease Adopted Rules, Chapter 6, Articles 1, 6, and 7.

In summary, the rule dictates that the local health department shall notify the school district superintendent that a pupil has been reported as a case, suspect case, or suspect carrier of HIV, when all of the following criteria have been met.

1. The infected pupil places others in the school setting at risk for HIV infection.

   This does not mean the health department is obligated to inform the local school district about every child known to be infected. If the child's primary physician, in consultation with a state or local health officer and the child's parent(s) or guardian, determines the child poses no unusual risk, i.e., no open sores, aggressive behavior such as biting, etc., notification of the school district would only occur if the parent or guardian wishes to do so.

   The rationale for this decision is that there is no evidence to support casual transmission of HIV. Family members caring for loved ones in the later stages of disease have not become infected, even after continuous exposure to saliva, perspiration, tears, vomitus, feces, and urine. Blood is the primary concern in the school setting, and with proper use of universal precautions when handling blood, HIV transmission can be avoided.

2. The school district has established a communicable disease policy which states that:

   a. infected students shall not be excluded from school or school functions solely because they are HIV infected.

   b. decisions regarding the educational setting for HIV-infected pupils shall be made on a case-by-case basis by the school district superintendent, the pupil or parent or legal guardians of a minor student, the pupil's physician, and the local health officer.

      The school superintendent may choose to include the following people only, in the decision-making process: the school administrator, school nurse, and principal teacher or counselor.

   c. School personnel informed of the pupil's HIV status must keep this information totally confidential.

d. School personnel must comply with "universal precautions" for the prevention of HIV, Hepatitis B Virus, and other bloodborne pathogens. (See Appendices C for a complete review of universal precautions.)
e. Educational programs about HIV disease shall be provided to pupils, parents, and school personnel through age-appropriate curricula, workshops, or in-service training sessions.

3. Schools will be notified if the pupil, parent, or legal guardian of a minor child have provided written consent for disclosure of the child's infection status or the Director of the State Health Department has provided written notice that parental consent has been refused but notification is necessary due to the risks posed by the pupil to others in the school setting.

SAMPLE PARENTAL NOTIFICATION LETTER

Dear Parent or Guardian:

In response to the growing threat of HIV disease to our population, the 1991 Arizona State Legislature passed S.B. 1396, mandating K-12 HIV Education in all public schools. The _____ School District has developed (or adopted) an appropriate program with the assistance of parents, educators, and community leaders.

A meeting(s) will be held on _____ (day of week), _____ (month, day, and year), from _____ (time) to _____ at _____ (place) to provide parents with an opportunity to preview the HIV Education Program. All instructional materials will be available for your inspection.

If you wish to excuse your child from instruction on HIV/AIDS, please put this request in writing so that we have verification of your wishes on file.

We look forward to seeing you and discussing this important topic with you.

Sincerely,

(School Principal or District Superintendent)

III. CONSIDERATIONS FOR THE DEVELOPMENT OF A COMPREHENSIVE HIV EDUCATION PROGRAM

CONSIDERATIONS FOR THE DEVELOPMENT OF A COMPREHENSIVE HIV EDUCATION PROGRAM

While this manual was designed to assist schools in their HIV Education efforts, the Department of Education is keenly aware that many school districts may wish to develop educational materials which more closely reflect the values and culture of their local communities. The Department of Education supports you in this process, and hopes you will find the resource section in the appendices helpful.

As our staff researched materials in preparation of this guide, they found the following: "Considerations for the Development of a Comprehensive HIV Education Program." Many of the items are from a document developed by the Centers for Disease Control to assist us all in evaluating the quality of any educational materials we produce or purchase. We found this tool extremely helpful in our evaluation process and hope you will also!

	Yes	No	Partial	N/A
A. Program Planning				
• Are the following groups involved in developing and implementing an HIV education program for students?				
parents?	❑	❑	❑	❑
public health and mental health professionals?	❑	❑	❑	❑
community representatives?	❑	❑	❑	❑
teachers and administrators?	❑	❑	❑	❑
• Is there at least one class session on HIV provided each year beginning with kinder-garten?	❑	❑	❑	❑
• Are teaching materials approved for medical accuracy by the ADHS or another recognized medical authority on HIV disease?	❑	❑	❑	❑
• Are parents/guardians offered an opportunity to review materials during an evening or weekend presentation at least one month prior to teaching about HIV disease in the classroom?	❑	❑	❑	❑
• Is a parent or guardian allowed to withdraw a student from instruction if he/she has submitted a written objection?	❑	❑	❑	❑
• Is the instructional program culturally sensitive?	❑	❑	❑	❑
• Does the language used in the instructional materials represent the language of the community?	❑	❑	❑	❑
• Is the HIV instruction implemented as an integral part of a comprehensive K-12 health education program?	❑	❑	❑	❑
• Is training, including current facts and skills for teaching HIV provided for those responsible for teaching the HIV curriculum?	❑	❑	❑	❑
• Has a district employee been designated as responsible for updating the material as new information about the disease emerges?	❑	❑	❑	❑

	Yes	No	Partial	N/A
• Is there a plan for conducting a program evaluation?	❑	❑	❑	❑
B. Tone of Materials				
• Does the content promote overall wellness and prevention of health risk behaviors?	❑	❑	❑	❑
• Does the material stress that an individual's behavior is the key to prevention of HIV disease and that preventative behaviors can be learned?	❑	❑	❑	❑
• Are the materials ethnically and racially balanced? Are people of color depicted as empowered characters?	❑	❑	❑	❑
• Is the content aimed at reducing children's anxiety about "getting" and/or interacting with persons with HIV disease?	❑	❑	❑	❑
• Does the material identify and refute myths about HIV disease and people who are infected?	❑	❑	❑	❑
C. Teachability–**Print Materials and Curricula**				
1. Teacher's Guide				
• Is a scope and sequence chart offered?	❑	❑	❑	❑
• Do the materials provided give clear guidance as to grade levels recommended for each activity or lesson?	❑	❑	❑	❑
• Is the time needed to teach the curriculum adequate and realistic?	❑	❑	❑	❑
• Are objectives/learning outcomes established?	❑	❑	❑	❑
• Are there activities leading to fulfillment of each learning objectives?	❑	❑	❑	❑
• Are there specific objectives regarding reduction of anxiety about HIV disease?	❑	❑	❑	❑
• Are objectives age-appropriate?	❑	❑	❑	❑
• Are objectives clearly stated and easily understood by teachers and students?	❑	❑	❑	❑

	Yes	No	Partial	N/A
• Does the material contain a guide or notes for the teacher?	❑	❑	❑	❑
• Does the teacher's guide emphasize **how** to teach AIDS as well as background facts about AIDS?	❑	❑	❑	❑
• Does it contain a section on typical questions from children of different ages and possible age-appropriate responses?	❑	❑	❑	❑
• Are any reproducible materials included for distribution to students?	❑	❑	❑	❑
parents?	❑	❑	❑	❑
• Is a sample letter to parents/guardians regarding the content and learning objectives included?	❑	❑	❑	❑
• Are additional activities or resources provided for:				
special education students?	❑	❑	❑	❑
English Second Language (ESL) students?	❑	❑	❑	❑
visual or hearing impaired students?	❑	❑	❑	❑
• Is an age-appropriate glossary of new vocabulary included?	❑	❑	❑	❑
• Is a bibliography included?	❑	❑	❑	❑
• Are measurable objectives stated for each grade level or activity?	❑	❑	❑	❑
• Is an evaluation plan or instrument contained in the curriculum?	❑	❑	❑	❑
2. Student Activities				
• Are activities varied and designed to actively involve the learner?	❑	❑	❑	❑
• Do the lessons relate directly to the goals of preventing the spread of HIV disease?	❑	❑	❑	❑
• Are activities for skill-building included in the program?	❑	❑	❑	❑

	Yes	No	Partial	N/A
• Are activities in the following skill areas included:				
Refusal skills?	❑	❑	❑	❑
Assertiveness?	❑	❑	❑	❑
Decision-making?	❑	❑	❑	❑
Communicating with friends, families, and parents?	❑	❑	❑	❑
Self-control?	❑	❑	❑	❑
• Do activities allow for practice in applying new skills to a variety of situations?	❑	❑	❑	❑
• Does the material encourage children to ask questions and express fears?	❑	❑	❑	❑
• Do activities/lessons promote compassion toward individuals struggling with life-threatening illness?	❑	❑	❑	❑
• Does the material promote respect for self and others?	❑	❑	❑	❑
• Do the activities respect the privacy of students and their families?	❑	❑	❑	❑
• Is the content personalized? Are the "people behind the statistics" brought to life through video tape or other supplemental activities?	❑	❑	❑	❑
• Is there sufficient instructional material to cover basic information at each grade level?	❑	❑	❑	❑
• Is the instructional material presented in outline form in adequate detail for easy teaching?	❑	❑	❑	❑
• Is medical terminology used for body parts and bodily functions?	❑	❑	❑	❑

	Yes	No	Partial	N/A
• Are lessons/activities developmentally appropriate for intended age groups, including:				
Vocabulary and reading level?	❑	❑	❑	❑
Absence of complex graphs, charts, pictures at lower grades?	❑	❑	❑	❑
Discussion of abstract issues (ethics, legal, and financial problems) confined to mid-upper grades?	❑	❑	❑	❑
Increasing opportunity for discussion and small group interaction and peer education?	❑	❑	❑	❑
• Do lessons encourage complimentary out-of-classroom activities (parent interaction, community research)?	❑	❑	❑	❑
• Are activities free of sexual and racial bias and stereotyping?	❑	❑	❑	❑

D. Teachability–**Audiovisual Resources**

• Is the program of realistic time length for the classroom?	❑	❑	❑	❑
• Is a specific age range or grade suggested as an appropriate target audience for this material?	❑	❑	❑	❑
• Is the audiovisual program developmentally appropriate for the age recommended?	❑	❑	❑	❑
• Will the format, style, and pace be of interest to the students for whom it was designed?	❑	❑	❑	❑
• Are children/young people of approximately the same age as the intended audience (or slightly older) portrayed?	❑	❑	❑	❑
• Are negative stereotypes about people absent from the program, including factors such as age, race, gender, sexual orientation, occupa-tion, religion, and economic class?	❑	❑	❑	❑
• Is the program visually interesting?	❑	❑	❑	❑
• Is music used to add interest and depth to the program?	❑	❑	❑	❑

	Yes	No	Partial	N/A
• Is a teacher's guide provided?	❑	❑	❑	❑

E. Content

1. **Early Elementary**

Are the following concepts included?

• Communicable and non-communicable diseases:				
• Some diseases are communicable; they can be passed from one person to another (cold, strep throat, flu, chicken pox).	❑	❑	❑	❑
• Some diseases are not communicable; they cannot be passed from one person to another (allergies, diabetes, heart disease).	❑	❑	❑	❑
• Viruses are living organisms too small to be seen by the unaided eye.	❑	❑	❑	❑
• Some viruses can cause disease among people.	❑	❑	❑	❑
• Airborne viruses cause illnesses such as cold and flu. Airborne viruses are easy to get. Bloodborne viruses are hard to get. AIDS is caused by a bloodborne virus.	❑	❑	❑	❑
• Reassurance: AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.	❑	❑	❑	❑
• HIV disease is very difficult to get. You cannot get it just by being near or touching someone who has it.	❑	❑	❑	❑
• Scientists all over the world are working hard to find a way to stop people from getting HIV infection and to cure those who have it.	❑	❑	❑	❑
• There are many ways to prevent the spread of diseases. Hand-washing is an important way to help prevent the spread of airborne viruses. You will learn different ways to prevent the spread of diseases as you grow.	❑	❑	❑	❑

	Yes	No	Partial	N/A
2. Late Elementary				
Are the following concepts included in addition to those listed for early elementary?				
• **Viruses can be transmitted from an infected person to an uninfected person through various means.**	❑	❑	❑	❑
Background:				
AIDS is an abbreviation for acquired immune deficiency syndrome.	❑	❑	❑	❑
• **AIDS is caused by a virus that weakens the ability of infected individuals to fight off disease.**	❑	❑	❑	❑
• **Viruses are among the organisms that can cause disease among people.**	❑	❑	❑	❑
• **HIV is primarily transmitted in blood, semen, and vaginal secretions.**	❑	❑	❑	❑
• **AIDS is caused by a bloodborne virus called HIV (human immunodeficiency virus) and can be transmitted through sexual activity and needle-sharing.**	❑	❑	❑	❑
• **The AIDS virus (HIV) can be transmitted by sexual contact with an infected person, by using needles, and other injection equipment that an infected person has used, and from an infected mother to her infant.**	❑	❑	❑	❑
• **HIV cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.**	❑	❑	❑	❑
Natural History:				
It sometimes takes several years after becoming infected with HIV before symptoms of illness appear. Thus, people who are infected with the virus can infect other people through sex or needle-sharing–even though the people who transmit the infection do not feel or look sick.	❑	❑	❑	❑

	Yes	No	Partial	N/A
• **Persons infected with HIV may or may not have any signs or symptoms of disease. As far as we know, they will have the virus for the rest of their lives.**	❑	❑	❑	❑
• **People who are HIV-infected, often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, or certain other diseases that healthy people normally do not get.**	❑	❑	❑	❑
• **About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with HIV and consequently are capable of infecting others.**	❑	❑	❑	❑
• **People who are infected with HIV live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, some children have also become infected. Females as well as males are infected. People of every race are infected.**	❑	❑	❑	❑
Antibody Blood Test:				
• **In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products after 1985 has been virtually eliminated.**	❑	❑	❑	❑
• **The blood tests used for detecting HIV are low cost, effective tests which detect antibodies to HIV. They can be done at health department sites, through private physicians, Planned Parenthood clinics and through some drug treatment centers.**	❑	❑	❑	❑

	Yes	No	Partial	N/A
Prevention:				
• **The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual intercourse and by not using illegal intravenous drugs and sharing drug injection equipment.**	❑	❑	❑	❑
• **Persons who continue to engage in drug use should refrain from sharing needles or other injection equipment and should learn to sterilize equipment if they do share.**	❑	❑	❑	❑
• **Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.**	❑	❑	❑	❑
• **Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause other sexually transmitted diseases such as chlamydia infection, gonorrhea, herpes, genital warts, and syphilis.**	❑	❑	❑	❑
• **Persons who believe they may be infected with HIV should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons are not infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection.**	❑	❑	❑	❑
4. **High School**				
• **Are all of the earlier concepts included or already covered in this program by senior high?**	❑	❑	❑	❑
Natural History:				
• **Does the material explain the natural history of HIV infection from transmission and infection to asymptomatic and symptomatic conditions?**	❑	❑	❑	❑
• **Does the material describe opportunistic disease and the effects of illness on body systems?**	❑	❑	❑	❑

	Yes	No	Partial	N/A
Prevention:				
• **Is there content on evaluating sources of credible information on HIV disease for credibility?**	❑	❑	❑	❑
• **Does the material analyze the meaning of relative risk? Does the material emphasize that risk of HIV transmission ranges from risk-free to very dangerous behaviors?**	❑	❑	❑	❑

IV. SUGGESTED SCOPE AND SEQUENCE FOR HIV/AIDS EDUCATION

Grades K–12

SUGGESTED SCOPE AND SEQUENCE FOR HIV/AIDS PREVENTION EDUCATION K-12*

This section identifies the HIV/AIDS specific information that is **introduced** (I), **emphasized** (E), and **reviewed** (R) at the appropriate grade levels. The concepts emphasized form the basis for the objectives in the lesson plans.

CONCEPT	GRADE LEVEL												
	K	1	2	3	4	5	6	7	8	9	10	11	12
1. HIV infection is a serious disease.	I	E	E	E	R	E	R	R	R	R	R	R	R
2. HIV is not transmitted by casual contact.	I	E	E	E	E	E	R	E	R	R	R	E	R
3. Saying no assertively can help students avoid risky situations.	I	E	E	E	E	E	E	R	R	R	R	R	R
4. People should respect other people's decisions to say "no."	E	E	E	E	E	E	R	R	R	R	R	R	R
5. People with HIV/AIDS should be treated in a supportive manner.	I	R	E	E	E	E	R	R	R	R	R	R	E
6. Syringes, needles, knives, and razors can be used to transmit infected blood.	I	R	R	R	R	R	R	R	E	R	R	R	R
7. Distinguish between facts and myths about HIV/AIDS.	I	R	I	R	R	R	E	E	R	R	R	R	R
8. Identify resource people and/or agencies for more information about HIV/AIDS.							R	R	R	R	R	R	R
9. HIV can be transmitted by blood.	I	R	R	E	E	E	R	R	R	R	R	R	R
10. AIDS is caused by a virus.					I	E	E	R	R	R	R	R	R
11. People infected with HIV can infect others.					I	R	R	R	R	R	E	R	R
12. HIV destroys the immune system.					I	R	E	R	R	R	R	R	R

SUGGESTED SCOPE AND SEQUENCE FOR HAV/AIDS PREVENTION EDUCATION K-12* (continued)

CONCEPT	GRADE LEVEL												
	K	1	2	3	4	5	6	7	8	9	10	11	12
13. Personal decisions regarding behavior can reduce or eliminate the risk of being infected by HIV.					I	E	E	R	E	E	E	E	E
14. Abstaining from sharing needles is one way to stop HIV transmission.					I	E	R	R	R	R	R	R	R
15. Abstinence from sexual intercourse is the only 100% protection from the sexual transmission of HIV.						I	E	E	E	E	E	E	E
16. Abstaining from sexual intercourse and not sharing needles are the best protections form HIV.						I	E	E	E	E	E	E	E
17. HIV can be transmitted through three body fluids: blood, semen, and vaginal fluids.						I	E	R	R	E	E	E	E
18. HIV can be transmitted through sexual intercourse.						I	E	R	E	R	R	R	R
19. HIV can be transmitted by an infected mother to her unborn baby.							I	R	R	R	R	R	E
20. HIV can infect all people.							I	E	R	R	R	R	R
21. There may or may not be signs and symptoms of infection with HIV.							I	R	R	E	E	R	R
22. There is no cure or vaccine for HIV.							I	R	R	R	R	E	R
23. Understanding the acronyms HIV and AIDS and the HIV spectrum are important to understanding the disease process involved.								I	E	R	R	R	R

SUGGESTED SCOPE AND SEQUENCE FOR HAV/AIDS PREVENTION EDUCATION K-12* (continued)

CONCEPT	GRADE LEVEL												
	K	1	2	3	4	5	6	7	8	9	10	11	12
24. The blood supply in the United States is almost completely safe.								I	R	R	P	R	R
25. There are more people who are infected with HIV than have AIDS.									I	R	P	R	R
26. An exclusive monogamous relationship with an uninfected partner eliminates the risk of transmitting HIV sexually.										I	P	R	E
27. People can be tested for HIV antibodies.												I	E
28. The HIV antibody test results can be used in making decisions about the future.													E

*Lessons are included for Grades 6–12 only. (one original only)

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V. SAMPLE LESSON PLANS

Total Time: Two 50-minute class periods

OBJECTIVES:

The student should be able to:

1. Identify the meaning of acronyms HIV and AIDS.
2. Explain the spectrum of HIV as it progresses from infection, to AIDS, to death.
3. Identify three body fluids that are known to transmit HIV.
4. List ways to prevent infection with HIV that are completely safe.
5. Describe a virus as a germ that can cause many infections, including AIDS.
6. Describe the way the human immune system fights all germs.
7. Identify the unique way HIV destroys the immune system.
8. Restate that personal decisions regarding one's behavior can reduce or eliminate the risk of HIV transmission.
9. Describe how to say no assertively.
10. Describe ways of being supportive to HIV infected persons.

TEACHER PREPARATION:

1. Review Appendix B: Basic Information About HIV Disease For Educators.

2. Review Teacher Key to Student Worksheet.

3. Duplicate Student Pre/Post-Test and Student Worksheet.

4. Obtain video equipment.

5. Obtain video: "***AIDS and the Immune System***".
   (See List of Videos for description and acquisition information.) **Be sure to preview video prior to showing it to students.**

   The video describes how the human immune system fights against germs that enter the body. With animation, both viruses and bacteria are shown being destroyed by white cells. The HIV (Human Immunodeficiency Virus) is depicted attacking the T cells, multiplying inside them, and killing them. A boy who is infected with HIV explains to his school-mates that he can only give the virus to others if his blood gets into their blood.

6. Obtain overhead projector. Select the transparencies of your choice from Appendix B, as an outline for class discussion.

7. Obtain two pieces of unlined paper per student and colored pencils/pens for Day Two.

8. Review the Glossary for definitions of words that might be unfamiliar to the students. Modify the terminology to be age-appropriate, language specific, and culturally sensitive.

INSTRUCTION: Day 1

Minutes

7 1. **Pretest: Administer**

Pretest Answers

1. a	4. c	7. a
2. a	5. b	8. b
3. d	6. d	

10 2. **Focus for Learner:**

Write the names of these six (6) virus infections on the board:

- Polio
- Mumps
- Chicken Pox
- Hepatitis B
- Influenza (Flu)
- Common Cold

Tell students to count (silently) how many of these diseases they have had. Ask all of the students who have had three or more to raise their hands; add to the raised hands those who have had two; add those who have had at least one. Then tell them that all of those infections are caused by viruses. A virus is a germ that may cause infection. As they can see by the number of raised hands, viruses cause many infections. (Do not ask students to raise their hands for each disease because of confidentiality.)

Note: Having had any of these infections does not mean that you are more susceptible to getting AIDS.

1 3. **Objectives:**

Explain: "Today you will learn about AIDS, which is also caused by a virus, HIV. You'll see a video about how the body fights germs and how the virus fights the body and almost always wins. You will learn exactly how HIV, which is the virus causing AIDS gets out of the bodies of infected people and into the bodies of uninfected people to

cause infection. You will see how HIV progresses from infection, to symptoms, to AIDS. You will also learn how saying no to sex and drugs can help you from becoming infected with HIV, the virus that causes AIDS.

4. **Instruction:**

3 a. Distribute the Student Worksheet. Read the questions to the students. Instruct students to look for the answers to the questions as they watch the video.

12 b. Show the video, "AIDS and the Immune System."

3 c. Ask question #1 on the worksheet and have students write the answer. Define the immune system. Explain: "The immune system is the system of the body that provides protection against disease-producing germs. Whenever germs enter the body, the immune system fights."

3 d. Ask question #2 on the worksheet and have students write the answer. Explain: "The immune system fights by sending special white blood cells to destroy the virus. That fight is well-organized and the human body usually wins. During the fight, fever, swelling, tiredness, and other signs of illness often appear.

3 e. Ask question #3 on the worksheet and have students write the answers. Use Overheads #1, 2, 3 and 4. Explain that an acronym is a group of letters (HIV) (AIDS) formed by using the initial letters of each word. Discuss the meaning of each acronym and proper usage of each. (HIV is the virus that causes AIDS.)

3 f. Ask question #4 on the worksheet and have students write the answer. Explain: "HIV, the virus that causes AIDS, has special ways of fighting the immune system. This virus enters a special kind of white blood cell called a helper T cell. After it enters the white cell, more viruses are made, and the white cell is destroyed. The viruses then leave the dead cell and go on to destroy even more white blood cells. The person's immune system has very few white blood cells left. These white blood cells are needed to fight infections. Most people then develop AIDS and die because their bodies cannot fight infections."

3 g. Using Overhead #5, explain the progression of HIV disease from infection to AIDS. Then proceed to Question #5. Explain: "A person is HIV infected from the beginning of the spectrum to the end. As the immune system becomes damaged, symptoms appear, and the person develops AIDS, which can show itself in many serious diseases."

5 h. Explain: "In order to prevent new HIV infections, we need to know how the virus gets out of the body of a person who is already infected and into the body of another person. HIV must get into the bloodstream of another person in order to cause infection because this virus dies quickly and easily outside the body."

"There are three body fluids of infected people that have a high enough concentration of HIV to give (transmit) the infection to others. These three body fluids are:

- Blood of both males and females,
- Semen of males, and
- Fluids in the vagina of females."

Write these three fluids on the board. Have students write these three fluids to answer question #6 on the Student Worksheet. Explain that "semen" is the fluid that comes out of the penis during sexual activity, and that "fluids in the vagina" are the liquids or wetness in the female sexual opening.

Explain: "Only these three body fluids contain enough HIV to be able to cause infection in another person. That's why you don't need to be afraid to be near someone who has AIDS."

☞ ***Teacher Note:*** *In a few reported cases of AIDS, breast milk has been implicated as the mode of transmission.*

"You can keep from being infected with HIV by:

- Not sharing blood and
- Not having sexual intercourse."

Explain: "A baby born to an infected mother gets the virus from the mother's blood before or during birth. People who use drugs taken with a needle and share the needle with others are also sharing blood. In the past, some people got infected because of blood transfusions. Now, all blood is tested and if HIV is detected, the blood is thrown away. Latex gloves should be worn when giving assistance to someone who is bleeding, especially if you have breaks in your skin."

3 i. Have students complete Student Worksheet question #7. Explain: "You can say no to sexual intercourse, say no to drugs taken with needles, and use latex gloves, if possible, when giving assistance which involves blood contact."

INSTRUCTION: Day 2

Minutes

8 j. Review the material covered on Day 1:

(You may want to quickly review HIV and AIDS acronyms, using Overheads #1, 2, 3, and 4.)

"Yesterday we learned that HIV, the Human Immunodefi-ciency Virus that causes AIDS, goes from an infected person to an uninfected person in three body fluids which are:

- Blood,
- Semen, and
- Fluids in the vagina."

5 k. Review how the video shown the previous day depicted the fight. You may repeat the following information: "Whenever germs enter the body, the immune system fights. That fight is well-organized and the human body usually wins. But HIV has special ways of fighting the immune system itself. HIV usually wins and causes AIDS, which results in death."

5 l. Distribute two pieces of unlined paper and writing/drawing implements to students.

- Have students label Page 1: "How the Human Immune System Fights Infection."
- Have students label Page 2: "How the Human Immunodeficiency Virus Fights the Immune System."

16 m. Tell the students to draw the human immune system fighting a germ.

Students should work in cooperative learning groups. (See Teaching Tips, Appendix B, on Conducting Cooperative Learning Activities.)

- Encourage the students to be imaginative and creative.

- Tell the students to draw how HIV fights the immune system on Page 2.
- Display the completed drawings on two separate bulletin boards or two sections of one bulletin board.

SOCIAL SKILLS ACTIVITY

Assertiveness Skills

☞ ***Teacher Note:*** *Social Skills are included at each Grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

Tell the students that saying no to sex and drugs can be difficult. It is important to be assertive so friends will really know that you mean no and believe it. Saying no to sexual intercourse is the only protection that is 100% effective against the sexual transmission of HIV, and saying no to IV drug use can also prevent exposure to HIV.

Being assertive means stating something in a positive and confident way, without being rude or mean to others.

Students need to learn how to be assertive when saying no. Give the following examples of saying no assertively:

1. I don't want to smoke cigarettes; it's gross.
2. I feel that stealing is wrong.

Write the following guidelines on the board for saying no assertively:

- Make eye contact.
- Make the tone of your voice firm.
- Use "I," not "you," when making a statement.
- Have your body reinforce the "no" message.

☞ **Teacher Note:** It is most valuable if you model the above guidelines.

1. Show students the difference between looking someone in the eye and looking at the ground. Making eye contact is a sign of power and confidence.
2. A firm voice is not a yelling voice, but it is not a meek voice either. It communicates that you really mean what you say.
3. Using an "I" statement is less likely to put the other person on the defensive. Students need to understand that only they can be responsible for their own behavior.
4. The way a person reinforces the "no" message with appropriate body language will vary for different situations. For example, saying "no" to sexual advancement will be more effective if the person steps away. Moving away from the situation is also helpful if IV drugs are involved.

Give students the following examples of saying no. Ask them to put thumbs up if the statement is assertive, thumbs down if it is not.

1. You're stupid for smoking cigarettes.

2. I hate you because you are stealing from my friends.

3. I feel that sexual intercourse would be wrong for me.

Explain that #1 is demeaning–a put down. #2 is hostile and aggressive, not assertive. #3 is an assertive statement.

Next divide the class into groups of three. Distribute the pressure "lines" to each group. Have one student read a pressure "line." Have the second student in the group respond using an assertive statement. Direct the third student to observe the dialog and report to the group which of the four guidelines for assertive behavior was observed.

With each new pressure "line" have the students rotate roles. Walk around the room and give positive feedback to student responses.

CLOSURE:

Minutes

8 a. Using the worksheets from Day 1, review the three body fluids that transmit the infection:

- Blood through shared needles, from an infected mother to her unborn child, and rarely from the donated blood supply.

- Semen and/or vaginal fluids transferred during sexual intercourse.

On the second day, add the following information:

"When a person is infected with HIV, that person's blood, semen, or vaginal fluids contain the HIV. Even when the infected person is feeling good and looking very healthy, the virus can be in those three fluids and can cause infection in others who:

- Share the blood of the infected person or
- Have sexual intercourse with the infected person.

Four important parts to saying no assertively are to (1) make eye contact; (2) use a firm voice; (3) use "I" statements; and (4) use body language that reinforces your "no".

3 b. Have students complete worksheet question #8:

"I can choose to prevent or reduce the risk of infection from HIV by . . ."

Responses:

- Saying no to sexual intercourse
- Not sharing needles
- Using gloves, if possible, when giving assistance which involves blood contact.

5 **Post-Test:** Administer

If the Post-Test is used with the Pretest, it can show an increase in knowledge. Used alone, it is a measure of the degree of knowledge of the **minimum** requirements for HIV/AIDS Prevention Education.

Post-Test Answers

1. a	4. c	7. a
2. a	5. b	8. b
3. d	6. d	

☞ ***Teacher Note:*** *Please review all correct answers with students.*

STUDENT WORKSHEET #1

SIXTH GRADE

1. List four (4) infections caused by viruses.

2. How does the human body fight when foreign invaders (germs) that cause infection (like viruses) enter the body?

3. What do the acronyms HIV and AIDS stand for?

4. How does HIV affect the human body's ability to fight infection?

5. When does the HIV infected person get AIDS?

6. What body fluids carry HIV from one person to another?

7. How can a person keep from becoming infected with HIV?

8. I can choose to prevent or reduce the risk of HIV infection by:

9. How can you give support to a person who is HIV infected?

STUDENT WORKSHEET #1

SIXTH GRADE TEACHER KEY

1. List four (4) infections caused by viruses.

   - Polio
   - Mumps
   - Chicken Pox
   - Hepatitis B
   - Influenza (Flu)
   - Common cold

2. How does the human body fight when foreign invaders (germs) that cause infection (like viruses) enter the body?

   The immune system fights by sending special white blood cells to destroy these foreign invaders. That fight is well-organized and the human body usually wins. During the fight, fever, swelling, and other signs of illness often appear.

3. What do the acronyms HIV and AIDS stand for?

   - Human Immunodeficiency Virus
   - Acquired Immune Deficiency Syndrome

4. How does HIV affect the human body's ability to fight infection?

   HIV has special ways of fighting the immune system.
   HIV enters the white blood cells and tricks the system into making even more viruses when it makes more white blood cells.
   HIV virus usually wins and causes death.

5. When does the HIV infected person get AIDS?

   When his immune system has been badly damaged by HIV.

STUDENT WORKSHEET #1, SIXTH GRADE TEACHER KEY (continued)

6. What body fluids carry HIV from one person to another?

   HIV moves out of the bodies of infected people in:

   - The blood of both men and women,
   - The semen of men,
   - The fluids in the vagina of women, and
   - The breast milk of mothers.

   HIV in those body fluids must enter the bloodstream of another person in order to cause infection. The virus dies easily and quickly once it is outside of blood or outside of the body.

7. How can a person keep from becoming infected with HIV.

   - Saying no to sexual intercourse.
   - Saying no to drugs taken with needles. (Use of alcohol and other drugs will not transmit the HIV/AIDS virus, but may alter one's ability to make rational decisions and lead to other problems.)
   - Using latex gloves, if possible, when giving assistance which involves blood contact.

8. I can choose to prevent or reduce the risk of HIV infection by:

   - Saying no to sexual intercourse. This is the only 100% effective method of preventing the sexual transmission of HIV.

     Saying no to drugs taken with needles. (Use of alcohol and other drugs will not transmit the HIV/AIDS virus, but may alter one's ability to make rational decisions and lead to other problems.)

   - Using latex gloves, if possible, when giving assistance which involves blood contact.

9. How can you give support to a person who is HIV infected?

   - Be friendly
   - Show that you are not afraid to be close to them.
   - Offer to help or listen to their concerns.

STUDENT WORKSHEET #2

SIXTH GRADE

Pressure Lines

DIRECTIONS: Break into groups of three. One student reads the situation and a pressure "line." The second student in the group responds using an assertive statement. The third student looks for the four points of an assertive statement (eye contact, "I" statement, firm voice, body language saying the same thing as the statement). Take turns saying the pressure "lines."

Situation #1

A good friend wants to become your "blood brother". To become "blood brothers" you make a cut in both of your fingers and press them together. Today he brought a razor to school and is pressuring you to do it. He says:

1. Everybody's doing it!
2. If you are my friend, you'll do it.
3. I know you want to do it; you're just afraid.

Situation #2

You're at a party. Your boyfriend/girlfriend takes you into the bedroom and starts kissing you and leaning on you. He says:

1. Everybody does it!
2. If you love me, you'll let me.
3. I know you want to have sex too; you're just afraid of what people will say.

Situation #3

You are walking home from school. As you cut through the park some of your sister's friends call you over. They want you to try a new drug. They say:

1. Go ahead and try it; we'll make sure nothing bad happens.
2. I know you want to; you're just afraid of what people will say.
3. Don't you want to try it to see what it's like?

HIV EDUCATION PRE/POST-TEST

SIXTH GRADE

1. Do you think you can get AIDS?

   a. YES b. NO c. NOT SURE

2. Can you keep from getting AIDS?

   a. YES b. NO c. NOT SURE

3. The Human Immunodeficiency Virus which causes AIDS is found in:

   a. SEMEN b. BLOOD c. VAGINAL FLUIDS d. ALL OF THESE

4. AIDS can be prevented by:

   a. SAYING NO TO USING DRUGS TAKEN WITH NEEDLES.

   b. SAYING NO TO SEXUAL INTERCOURSE.

   c. BOTH OF THE ABOVE.

5. Can a person get AIDS from being in the same class with a student who has AIDS?

   a. YES b. NO c. NOT SURE

6. Viruses (germs) cause many infections such as:

   a. FLU b. COMMON COLD c. CHICKEN POX d. ALL OF THESE

7. The immune system fights off viruses (germs) with:

   a. WHITE BLOOD CELLS b. POISON c. WATER

8. HIV is a virus that destroys:

   a. THE DIGESTIVE SYSTEM

   b. THE IMMUNE SYSTEM

   c. THE RESPIRATORY (LUNG) SYSTEM

Total Time: Two 50-minute class periods

OBJECTIVES:

The student should be able to:

1. Explain the acronyms HIV and AIDS, and know their relationship to each other.
2. List three ways in which the blood, semen, or vaginal secretions from a person who is HIV infected can infect another person.
3. Explain why abstinence from sexual intercourse is the only 100% protection from the sexual transmission of the HIV.
4. List ways to reduce the risk of HIV infection.
5. List four myths about how HIV is transmitted.
6. Restate that any person, regardless of age, sex, culture, or lifestyle, can be HIV infected.
7. Restate that the personal decisions about behavior can reduce or eliminate the risk of HIV transmission.
8. List the steps in Resistance Skills.
9. Describe how persons can relate to the feelings of the family of an infected person.

TEACHER PREPARATION:

1. Review Appendix B: Basic Information About HIV Disease For Educators.

2. Review Teacher Key to Student Worksheet.

3. Duplicate Student Pre/Post-Test and Student Worksheet, and one copy each of situations 1-7.

4. Select the transparencies of your choice from Appendix B, as an outline for class discussion.

5. Obtain overhead projector.

6. Obtain video equipment.

7. Obtain video: "***AIDS: Answers for Young People***".
   (See List of Videos for description and acquisition information.) **Be sure to preview video prior to showing it to students.**

   This video gives basic information about HIV and how it is transmitted. An intermediate school student who is infected with HIV, Channon, shares his experience of being excluded from school. He is shown after returning to school and interacting with his classmates. Saying no to sexual intercourse and not using drugs taken with needles are emphasized as personal choices that provide safety from HIV.

8. Prepare bulletin board for facts and myths. (See Facts and Myths about HIV at the end of this lesson.)

9. Review the Glossary for definitions of words that may be unfamiliar to the students. Modify the terminology to be age appropriate, language specific, and culturally sensitive.

INSTRUCTION: Day 1

Minutes

10 1. **Pretest: Administer**

Pretest Answers

1. a	5. b	9. a
2. a	6. b	10. d
3. b	7. a	11. a
4. b	8. a	12. b

3 2. **Focus for Learner:**

Ask: "How would you feel if your classmates were afraid to be with you because they thought you could make them very sick?"

1 3. **Objectives:**

Explain: "Today we will discuss HIV. You will learn the facts about how HIV is transmitted and how its transmission can be prevented."

8 4. **Instruction:**

a. Distribute the Student Worksheet and read the questions with the students. Explain to the students that it is essential that they learn how HIV is transmitted and how its transmission can be prevented. Remind them that there is **no** vaccine (shot) to prevent people from getting HIV, **no** cure once infection has taken place, and that HIV infection leads to AIDS and death.

b. Review acronyms HIV and AIDS using Overheads #1, 2, 3, and 4. Explain to students that the virus is HIV, and AIDS is when the immune system becomes badly damaged and various serious diseases develop that ultimately lead to death. Use Overhead #5 to review the spectrum of HIV.

c. Instruct the students to watch the video to find answers to many of the questions.

18 d. Show the video, "AIDS: Answers for Young People."

10 e. Ask students to fill in the answers to the questions on the Student Worksheet. (If there is no class time remaining, students may complete their responses at home.)

INSTRUCTION: Day 2

Minutes

7 a. Review the material covered on Day 1 and discuss student responses to questions on the Student Worksheet. Elicit responses and questions from individual students. (It is recommended that the review be done in an open-ended discussion. See Teaching Tips on Leading an Open-Ended Discussion.)

ACTIVITY:

18 b. **Cooperative Learning Activity: Common Myths**

(See Teaching Tips on Teaching Abstinence and Conducting Cooperative Learning Activities, Appendix B.)

Divide the class into small groups. Assign one situation to each group. Ask the groups to discuss the situations and respond to the corresponding questions. After the discussion, debrief all of the assigned situations with the entire class.

Situation 1

A student in junior high who is infected with HIV shares a locker with you in physical education class.

How would you feel?

What would you do?

Why would you do that?

☞ ***Teacher Note:*** *Sharing a locker will not cause the virus to be transferred. HIV is spread by the exchange of blood, semen, and vaginal secretions. There is no need to worry about sharing a locker, but fear is very normal.*

Situation 2

At lunchtime you hear rumors that AIDS is being spread by toilet seats in your school.

How would you feel?

What would you do?

Why would you do that?

☞ ***Teacher Note:*** *There are a lot of rumors about AIDS. Even though the virus is deadly, it can only be transmitted by sexual contact, shared needles, or infected mothers to unborn babies, and rarely through the donated blood supply and breast milk.*

Situation 3

You just finished a lesson on AIDS in your class. A friend on the bus sees your notes from class and says to you, "I can't get AIDS because girls don't get AIDS."

How would you feel?

What would you say?

Why would you say that?

☞ ***Teacher Note:*** *HIV can affect females as well as males. It can affect all groups of people. It's what people* ***do****, not who they are, that's important. Any person who has sexual intercourse or shares needles with a person infected with HIV runs the risk of getting infected themselves.*

Situation 4

Your class is planning a field trip to a nearby lake. Many of the students that went last year were bitten by mosquitoes.

One of your classmates says, "No way am I going on the field trip. Don't you know you can get AIDS from mosquito bites?"

How would you feel?

What would you say?

Why would you say that?

☞ ***Teacher Note:*** *AIDS is* ***not*** *spread by mosquito bites like other diseases such as malaria or yellow fever. You won't get it from bed bugs, lice, fleas, or other insects, either.*

Situation 5

The school dance has just ended. Your boyfriend/girlfriend walks you home. At the door he/she wants to kiss you goodnight. You wonder whether you can get AIDS from kissing.

How would you feel?

What would you do or say?

Why would you say that?

☞ ***Teacher Note:*** *No reported cases of AIDS have occurred as a result of kissing. The U.S. Surgeon General has stated that dry kissing is safe. However, he added that there is a remote possibility of exchanging blood during wet (French) kissing. Theoretically, the exchange of blood could occur but is highly unlikely.*

Situation 6

You're at the mall or shopping center with your friend and tell your friend you would like to find a rest room. Your friend says, "I never use public rest rooms. That's how you get AIDS."

How would you feel?

What would you say?

Why would you say that?

☞ ***Teacher Note:*** *HIV is not transmitted via toilet seats or door knobs. People of all ages can be infected. All people, regardless of age, who have sexual intercourse or share IV needles with people infected with HIV run the risk of becoming infected. Mothers who are infected with HIV can pass it to their unborn babies. In addition, some people have become infected with HIV through blood transfusions. In the interest of making the blood supply as safe as possible, donors are screened for risk factors and donated blood is tested for the HIV antibody. Call your local blood bank for additional information.*

Debrief the class as a larger group.

ACTIVITY:

Have students prepare a "myth and fact" relating to HIV transmission to be put on bulletin boards. These can be just words or involve some creativity. (Some monitoring may be needed.)

NOTE: This activity may stimulate some research–ex., why can't we get HIV infected by a mosquito? (Call County or state health department or national AIDS hot line.)

See page of Myths and Facts at end of 7th Grade unit for examples.

ADDITIONAL ACTIVITY:

Invite a family member of an HIV infected person to talk with the class about fears, feelings of isolation, dealing with the disease, and how it affects various family members.

SOCIAL SKILLS ACTIVITY

Resistance Skills

☞ ***Teacher Note:*** *Social Skills are included at each grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

Ask students "Why is it more difficult to say NO to a friend than a stranger?" Tell students that saying NO to sex and drugs can be difficult, but it is important in order to protect themselves from HIV. Abstinence from sexual intercourse is the only 100% effective method for preventing the sexual transmission of HIV. Therefore, it is essential that students learn the steps in Resistance Skills and practice them.

List the following steps on the board. Review the steps with the students, elaborating with the tips listed below.

Resistance Skills

Steps	Tips
1. Stop.	1. Don't proceed in the risky situation. It may get worse.

2. Calm yourself.	2. It's difficult to make intelligent decisions under highly emotional conditions, so **relax**.
3. Think about the consequences.	3. Before the risky situation progresses, think about the potential consequences of having sexual intercourse and using IV drugs.
4. Say NO and mean it!	4. Be aware that there are many other words you can use to say NO, such as "I don't want to" or "I don't feel like it." Words are not always enough; you should make eye contact, use a firm tone of voice, and use body language to reinforce your no message.
5. State why (if appropriate).	5. Sometimes a brief explanation helps get your message across. Don't argue, apologize, or negotiate. You have a right to abstain from sexual intercourse and drug use.
6. Suggest alternatives (if appropriate).	6. Instead of staying in the risky situation, suggest other activities you could do. For example, going to your boyfriend's/girlfriend's house when his or her parents are not home can lead to a risky situation. As an alternative, ask your boyfriend/girlfriend to come over to your house (if your parents are home) and watch television or play a video game.
7. Leave the situation (if appropriate).	7. It's best if you can recognize situations that are potentially unsafe or uncomfortable ahead of time so that you can avoid them. But if you find yourself in a risky situation, use the **Resistance Skills** and then walk away if possible.

ACTIVITY:

Have the students brainstorm situations where it would be difficult to say no. Write them on the board. Divide class into small groups

and assign each group to invent a situation to practice the Resistance Skills.

(See Situations #1–6) at end of unit.

CLOSURE:

Minutes

15 Summarize the lesson.

HIV, the virus that causes AIDS, can be transmitted by:

- Blood through shared needles, from an infected mother to her unborn child, and rarely from the donated blood supply,
- Semen, and/or
- Vaginal fluids transferred during sexual intercourse (anal, vaginal, or oral).
- Mothers who are infected with HIV can transmit it to newborn babies in breast milk.

HIV cannot be transmitted by casual contact such as:

- Sitting beside someone at school,
- Hugging or dry kissing a friend,
- Touching toilet seats, doorknobs, books, and other inanimate objects,
- Sharing food.

HIV cannot be transmitted by mosquitoes or other insects.

Any person who has sexual intercourse or shares needles with a person infected with HIV risks getting AIDS. HIV can infect all people.

Prevent the spread of HIV by:

- Abstaining from sexual intercourse (anal, vaginal, and oral) and
- Not sharing needles

Resistance skills can be used to say no effectively.

5 **Post-Test:** Administer

Post-Test Answers

1. a	5. b	9. a
2. a	6. b	10. d
3. b	7. a	11. a
4. b	8. a	12. b

STUDENT WORKSHEET #1

SEVENTH GRADE

1. What do the acronyms HIV and AIDS stand for?

2. How can HIV be transmitted?

3. How are HIV and AIDS different?

4. How can a person reduce the risk of becoming infected with HIV?

5. What were some of the questions asked by the students in the video?

6. What are some reasons for saying no to sex and drugs?

7. Who can be infected with HIV?

8. I can choose to prevent or reduce the risk of infection from HIV by:

STUDENT WORKSHEET #1

SEVENTH GRADE TEACHER KEY

1. What do the acronyms HIV and AIDS stand for?

2. How are HIV and AIDS different?

3. How can HIV be transmitted?

   A person can be infected with HIV by:

   - Having sexual intercourse (anal, vaginal, or oral) with an infected person,
   - Sharing needles with an infected person,
   - Being born to an infected mother or receiving breast milk from an infected mother.

   Some people have become infected with HIV as a result of **receiving** infected blood or blood products. Since May 1985, donated blood has been screened to determine whether it has been contaminated. However, since the screening only detects the presence of the antibodies and not the virus itself, some **infected** blood will still be entering the donated blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case a transfusion is required. For additional information, contact your local chapter of the American Red Cross.

4. How can a person reduce the risk of becoming infected with HIV?

   - Abstaining from (saying no to) sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from (saying no to) drugs taken with needles. (Use of alcohol and other drugs will not transmit HIV, but may alter one's ability to make rational decisions and lead to other problems.)
   - Using latex gloves when giving assistance that involves blood contact.

STUDENT WORKSHEET #1 SEVENTH GRADE TEACHER KEY (continued)

5. What were some of the questions asked by the students in the video?

   - What is AIDS and how do you catch it?
   - Can you get AIDS by going to school with a person who is infected?
   - Can you get AIDS by kissing an infected person?
   - Is the AIDS virus in saliva?
   - Can you get AIDS from a drinking fountain? Toilet seats?
   - If you carry HIV in your blood, does this mean you have AIDS?
   - What kinds of things are safe to do?
   - Is there a cure for AIDS?
   - How can you make sure you don't get AIDS?

6. What are some reasons for saying no to sex and drugs?

   Saying no to sexual intercourse and not taking drugs with needles make a person safe from HIV. The only exceptions are persons who were given transfusions and medical treatment with infected blood products in the past, babies born to infected mothers, and babies who receive breast milk from infected mothers.

   Additional health reasons for sexual abstinence include prevention of all sexually transmitted diseases (STDs), unwanted pregnancies, and infections transmitted via blood. Abstinence from sexual intercourse can also reduce emotional upheaval. Teaching Abstinence under Teaching Tips.

7. Who can be infected with HIV?

   All people can be infected:

   - homosexual
   - heterosexual
   - male
   - female
   - young
   - old
   - rich
   - poor
   - people of all racial and ethnic backgrounds

STUDENT WORKSHEET #1 SEVENTH GRADE TEACHER KEY (continued)

8. I can choose to prevent or reduce the risk of infection from HIV by:

   - Abstaining from (saying no to) sexual intercourse (anal, vaginal, and oral). This is the only 100% effective method to prevent the sexual transmission of HIV.
   - Abstaining from (saying no to) drugs taken with needles. (Use of alcohol and other drugs will not transmit HIV, but may alter one's ability to make rational decisions and lead to other problems.)
   - Using latex gloves, if possible, when giving assistance that involves blood contact.

STUDENT WORKSHEET #2

SEVENTH GRADE

SITUATION 1

A student in junior high who is infected with HIV shares a locker with you in physical education class.

How would you feel?

What would you do?

Why would you do that?

STUDENT WORKSHEET #2

SEVENTH GRADE

SITUATION 2

At lunchtime you hear rumors that AIDS is being spread by toilet seats in your school.

How would you feel?

What would you do?

Why would you do that?

STUDENT WORKSHEET #2

SEVENTH GRADE

SITUATION 3

You just finished a lesson on AIDS in your class. A friend on the bus sees your notes from class and says to you, "I can't get AIDS because girls don't get AIDS."

How would you feel?

What would you do?

Why would you do that?

STUDENT WORKSHEET #2

SEVENTH GRADE

SITUATION 4

Your class is planning a field trip to a nearby lake. Many of the students that went last year were bitten by mosquitoes. One of your classmates says, "No way am I going on the field trip. Don't you know you can get AIDS from mosquito bites?"

How would you feel?

What would you say?

Why would you say that?

STUDENT WORKSHEET #2

SEVENTH GRADE

SITUATION 5

The school dance has just ended. Your boyfriend/girlfriend walks you home. At the door, he/she wants to kiss you goodnight. You wonder whether you can get AIDS from kissing.

How would you feel?

What would you do or say?

Why would you do or say that?

STUDENT WORKSHEET #2

SEVENTH GRADE

SITUATION 6

You're at the mall or shopping center with your friend and tell your friend you would like to find a rest room. Your friend says, "I never use public rest rooms. That's how you get AIDS."

How would you feel?

What would you say?

Why would you say that?

MYTHS AND FACTS ABOUT AIDS

ACTIVITY: Put students in small groups.

The following information can be used as a start in developing the bulletin board described on page 49.

1. **Myth:** You can get AIDS by going to school with a person who is infected.

   Fact.: AIDS can only be transmitted by sexual intercourse, by sharing needles, from an infected mother to her unborn child, and rarely through the blood supply or breast milk.

2. **Myth:** You can get AIDS by kissing an infected person.

   Fact: There have been no known cases of people being infected with HIV through kissing. There may be a remote possibility with deep-throated French kissing since small blood vessels may be broken.

3. **Myth:** You can get AIDS from a drinking fountain or toilet seat.

   Fact: You cannot catch AIDS from a surface area.

4. **Myth:** There must be a cure for AIDS.

   Fact: There is no known cure for AIDS.

5. **Myth:** If you carry HIV in your blood, you have AIDS.

   Fact: Once you are infected with HIV, you are infected for life. You can carry HIV for many years without having any symptoms. The general consensus is that most people who are infected will eventually get AIDS. If you carry HIV, you can transmit it to others.

HIV EDUCATION PRE/POST-TEST

SEVENTH GRADE

Can people become HIV infected from:

1. Having sexual intercourse?

   a. YES b. NO c. NOT SURE

2. Using drugs taken with needles?

   a. YES b. NO c. NOT SURE

3. Being in the same class with a student who has HIV?

   a. YES b. NO c. NOT SURE

4. Dry kissing a person who is infected with HIV?

   a. YES b. NO c. NOT SURE

5. Being bitten by mosquitoes or other insects?

   a. YES b. NO c. NOT SURE

6. Using public toilets?

   a. YES b. NO c. NOT SURE

7. Being born to a mother who is infected with HIV?

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming HIV infected by:

8. Not having any kind of sexual intercourse (being abstinent)?

   a. YES b. NO c. NOT SURE

9. Saying no to drugs?

   a. YES b. NO c. NOT SURE

HIV EDUCATION PRE/POST-TEST SEVENTH GRADE (continued)

10. Which of the following people can become infected with HIV.

    a. GIRLS b. ADULTS c. BOYS d. ALL OF THESE

11. You can protect yourself from becoming infected with HIV?

    a. YES b. NO c. NOT SURE

12. The first three steps in Resistance Skills are:

    a. 1) STOP, 2) SAY NO AND MEAN IT,
       3) SUGGEST AN ALTERNATIVE

    b. 1) STOP, 2) CALM YOURSELF,
       3) THINK ABOUT THE CONSEQUENCES

    c. NEITHER OF THE ABOVE

HIV EDUCATION PRE/POST-TEST SEVENTH GRADE (continued)

10. Which of the following people can become infected with HIV.

    a. GIRLS b. ADULTS c. BOYS d. ALL OF THESE

11. You can protect yourself from becoming infected with HIV?

    a. YES b. NO c. NOT SURE

12. The first three steps in Resistance Skills are:

    a. 1) STOP, 2) SAY NO AND MEAN IT,
       3) SUGGEST AN ALTERNATIVE

    b. 1) STOP, 2) CALM YOURSELF,
       3) THINK ABOUT THE CONSEQUENCES

    c. NEITHER OF THE ABOVE

INSTRUCTION: Day 1

Minutes

10 1. **Pretest:** Administer

Pretest Answers

1. a	5. a	9. b
2. a	6. a	10. c
3. a	7. c	
4. a	8. b	

3 2. **Focus for Learners:**

Ask students, "Have you ever heard that you can get AIDS from using toilet seats, touching doorknobs, sitting next to someone in class, sharing food with someone who has AIDS?"

1 3. **Objectives:**

Explain: "That's **not** how AIDS is transmitted. Today we are going to see a video and you'll learn how AIDS is transmitted and how it can be prevented. You'll also be able to identify how drinking alcohol can influence your decisions about sex. Finally, we'll look at how syringes, needles, knives, and razors can transmit HIV."

10 4. **Review:**

"But first, let's review the difference between HIV and AIDS." (Can use overheads #1–5 or put same information on chalk board.) Emphasize that the virus is HIV, and once a person is infected, he/she can infect others regardless of his/her physical health. AIDS begins when the immune system has been so damaged that the infected person begins to contract serious diseases which his body cannot fight off.

10 5. **Instruction:**

a. Distribute the Student Worksheet. Read the questions to the students. Explain to the students that it is essential that they learn how HIV is transmitted and how its transmission can be prevented. Remind them that there is **no** vaccine (shot) to prevent people from getting HIV and **no** cure once infection has taken place. Ask students to look for answers to the questions while watching the video.

20 b. Show the video, "AIDS: Taking Action."

6 c. Ask students to fill in the answers to the questions on the Student Worksheet. (If there is no class time remaining, students may complete their responses at home.)

INSTRUCTION: Day 2

Minutes

5 d. Review material covered on Day 1 and discuss answers to the questions on the Student Worksheet. Elicit responses and questions from individual students. (It is recommended that the review be done in an open-ended discussion. See Teaching Tips on Leading an Open-Ended Discussion in Appendix B.)

1 e. Tell students that the decision about whether to have sex is very personal and difficult to make at times. It is not a one-time decision. It is made repeatedly—each time a person is faced with a situation that could involve sexual activity. There is a sequence of steps that can be used when making any decision. Once a decision is made, Resistance Skills are necessary to enforce any "no" decisions. The following instruction on Decision Making is to be used with Student Worksheet #2, Part I. Part II of the Worksheet should be completed after instruction in Resistance Skills, which follows Problems #1-6.

10 f. Explain the five steps of the decision-making model: 1) State the problem, 2) identify the alternatives, 3) determine the consequences, 4) decide on the best solution, and 5) act on the decision and re-evaluate as necessary. Conduct the Decision-Making Activity in cooperative learning groups. (See Teaching Tips on Teaching Abstinence.)

20 g. Give each group one of the Problems #1-6. Tell students to read the problem and brainstorm alternatives and consequences. As a group, students should decide on the best solution and be ready to defend their choice. Ask each group to read its problem, its choice, and its explanation to the large group. Discuss as time permits. Interject AIDS prevention concepts as needed.

Problem #1:

Your brother really wants to join a special club. He just found out that there is a blood ritual he has to go through to become a member. The club members use the same razor to cut an "x" on everybody's arm. Do you think he should do it?

Problem #2:

You have just found out that your brother is an IV drug user. You know that drug addicts can get HIV by sharing needles. Your brother lives at home and shares a bathroom with you. What should you do?

Problem #3:

You're at a slumber party and several of the girls there are getting their ears pierced. They're all using the same needle. What should you do?

Problem #4:

Your sister has been going to parties where drugs are used. She is beginning to experiment with them. Recently she has been pressuring you to try injecting cocaine with a needle. You are afraid that if you don't try it, your sister and her friends won't like you any more. What should you do?

Problem #5:

A few years ago, I tried an IV drug. I don't know whether I was exposed to HIV. I've been dating my boyfriend for the past six months. Last night he started pressuring me to have sex. What should I do?

SOCIAL SKILLS ACTIVITY

Resistance Skills

☞ ***Teacher Note:*** *Social Skills are included at each grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. At this grade level responding to pressure lines is emphasized. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

Tell students that saying NO to sex and drugs can be difficult, but it is important in order to protect yourself from HIV. Abstinence from sexual intercourse is the only 100% effective method of preventing the sexual transmission of HIV. Therefore, it is essential that students learn the steps in Resistance Skills and practice them to reinforce the decisions they make.

List the following steps on the board. Review the steps with the students, elaborating with the tips listed below.

Resistance Skills

Steps	Tips
1. Stop.	1. Don't proceed in the risky situation. It may get worse.
2. Calm yourself.	2. It's difficult to make intelligent decisions under highly emotional conditions, so **relax**.
3. Think about the consequences.	3. Before the risky situation progresses, think about the potential consequences of having sexual intercourse and using IV drugs.
4. Say NO and mean it!	4. Be aware that there are many other words you can use to say NO, such as "I don't want to" or "I don't feel like it." Words are not always enough; you should make eye contact, use a firm tone of voice, and use body language to reinforce your no message.
5. State why (if appropriate).	5. Sometimes a brief explanation helps get your message across. Don't argue, apologize, or negotiate. You have a right to abstain from sexual intercourse and drug use.

6. Suggest alternatives (if appropriate).	6. Instead of staying in the risky situation, suggest other activities you could do. For example, going to your boyfriend's/girlfriend's house when his or her parents are not home can lead to a risky situation. As an alternative, ask your boyfriend/girlfriend to come over to your house (if your parents are home) and watch television or play a video game.
7. Leave the situation (if appropriate).	7. It's best if you can recognize situations that are potentially unsafe or uncomfortable ahead of time so that you can avoid them. But if you find yourself in a risky situation, use the **Resistance Skills** and then walk away if possible.

While students are in their cooperative learning groups, instruct them to respond to the pressure line. After 5-10 minutes ask each group to read its response to the large group. Discuss as time permits. Interject HIV prevention concepts as needed.

ADDITIONAL ACTIVITY:

Mr. Daniels–see Appendix B, Page 183a.

CLOSURE:

Minutes

5 a. Summarize the lesson.

HIV can be transmitted by:

- Blood
- Semen
- Vaginal secretions

Mothers who are infected with HIV can transmit it to newborn babies in breast milk.

HIV cannot be transmitted by casual contact such as:

- Using public toilet seats
- Touching doorknobs
- Sharing food

Prevent the spread of HIV by:

- Abstaining from (saying no to) sexual intercourse (anal, vaginal, and oral) is the only 100% protection from the sexual transmission of AIDS.
- Not sharing needles.

Resistance skills can be used to say no effectively.

3 b. Have students complete the final statement on the Student Worksheet:

"I can choose to prevent or reduce the risk of infection with HIV by . . ."

6 **Post-Test:** Administer

Post-Test Answers

1. a	5. a	9. b
2. a	6. a	10. c
3. a	7. c	
4. a	8. b	

☞ ***Teacher Note:*** *Please review all correct answers with students.*

STUDENT WORKSHEET #1

EIGHTH GRADE

1. How can HIV be transmitted?

2. How can a person keep from becoming infected with HIV?

3. I can choose to prevent or reduce the risk of infection from HIV by:

STUDENT WORKSHEET #1

EIGHTH GRADE TEACHER KEY

1. How can HIV be transmitted?

   A person can be infected with HIV by:

   - Having sexual intercourse (anal, vaginal, or oral) with an infected person,
   - Sharing needles with an infected person for any purpose, including injecting drugs, vitamins, or medications; getting tattoos; piercing ears; and performing blood rituals, or
   - Being born to an infected mother or receiving breast milk from an infected mother.

   Some people have become infected with HIV as a result of **receiving** infected blood or blood products. Since May 1985, donated blood has been screened to determine whether it has been contaminated. However, since the screening only detects the presence of the antibodies and not the virus itself, some **infected** blood will still be entering the donated blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case a transfusion is required. For additional information, contact your local chapter of the American Red Cross.

2. How can a person keep from becoming infected with HIV?

   - Abstaining from (saying no to) sexual intercourse (anal, vaginal, and oral) is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from (saying no to) alcohol and other drugs to avoid making risky decisions about sex.
   - Using latex gloves when giving assistance that involves blood contact.

3. I can choose to prevent or reduce the risk of infection from HIV by:

   - Abstaining from (saying no to) sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from (saying no to) drugs taken with needles.
   - Abstaining from (saying no to) alcohol and other drugs to avoid making risky decisions about sex.
   - Using latex gloves, if possible, when giving first aid that involves blood contact.

STUDENT WORKSHEET #2

EIGHTH GRADE

PROBLEM #1

Your brother really wants to join a special club. He just found out that there is a blood ritual he has to go through to become a member. The club members use the same razor to cut an "x" on everybody's arm. Do you think he should do it?

Part I Decision Making

Directions:

Read the problem. In your small group talk about the alternative solutions to the question stated in the problem. Write them down. There may be more than four. Then talk about the consequences of sharing razor blades. Write them down. As a group decide what you think is the best solution.

Alternatives (Ways the problem can be solved):

1. 3.
2. 4.

Consequences (Results of sharing razor blades):

1. 3.
2. 4.

Decide on the best solution.

Part II Resistance Skills

Directions:

After instruction on Resistance Skills discuss possible responses to the pressure line. Write down the responses. Assign a reporter in the group to tell your responses to the class.

Saying no to sharing a razor blade is important in protecting you from HIV.

Pressure Line: Your brother says to you, "Come on, it's your turn to get the 'x.' Don't be a chicken." How would you respond?

90

STUDENT WORKSHEET #2

EIGHTH GRADE

PROBLEM #2

You have just found out that your brother is an IV drug user. You know that drug addicts can get HIV by sharing needles. Your brother lives at home and shares a bathroom with you. What should you do?

Part I Decision Making

Directions:

Read the problem. In your small group talk about the alternative solutions to the question stated in the problem. Write them down. There may be more than four. Then talk about the consequences of sharing needles. Write them down. As a group decide what you think is the best solution.

Alternatives (Ways the problem can be solved):

1. 3.
2. 4.

Consequences (Results of sharing IV drugs):

1. 3.
2. 4.

Decide on the best solution.

Part II Resistance Skills

Directions:

After instruction on Resistance Skills discuss possible responses to the pressure line. Write down the responses. Assign a reporter in the group to tell your responses to the class.

Saying no to sharing a an IV drug needle is important in protecting you from HIV.

Pressure Line: Your brother wants you to use drugs. He says, "Come on; it won't hurt to try it once." How would you respond?

STUDENT WORKSHEET #2

EIGHTH GRADE

PROBLEM #3

You're at a slumber party and several of the girls there are getting their ears pierced. They're all using the same needle. What should you do?

Part I Decision Making

Directions:

Read the problem. In your small group talk about the alternative solutions to the question stated in the problem. Write them down. There may be more than four. Then talk about the consequences of sharing needles. Write them down. As a group decide what you think is the best solution.

Alternatives (Ways the problem can be solved):

1. 3.
2. 4.

Consequences (Results of sharing needles):

1. 3.
2. 4.

Decide on the best solution.

Part II Resistance Skills

Directions:

After instruction on Resistance Skills discuss possible responses to the pressure line. Write down the responses. Assign a reporter in the group to tell your responses to the class.

Saying no to sharing needles is important in protecting you from the HIV.

Pressure Line: Your friend says to you, "Come on, we can pierce your ears too. It won't hurt, you big baby." How would you respond?

STUDENT WORKSHEET #2

EIGHTH GRADE

PROBLEM #4

Your sister has been going to parties where drugs are used. She is beginning to experiment with them. Recently she has been pressuring you to try injecting cocaine with a needle. You are afraid that if you don't try it, your sister and her friends won't like you any more. What should you do?

Part I Decision Making.

Directions:

Read the problem. In your small roup talk about the alternative solutions to the question stated in the problem. write them down. There may be more than four. Then talk about the consequences of sharing needles. Write them down. As a group decide what you think is the best solution.

Alternatives (Ways the problem can be solved):

1. 3.
2. 4.

Consequences (Results of using IV drugs):

1. 3.
2. 4.

Decide on the best solution.

Part II Resistance Skills

Directions:

After instruction on Resistance Skills discuss possible responses to the pressure line. Write down the responses. Assign a reporter in the group to tell your responses to the class.

Saying no to drug use with needles is important in protecting you from the HIV.

Pressure Line: Your sister says to you, "If you're not going to do drugs with us, why don't you leave, you little brat?" How would you respond?

STUDENT WORKSHEET #2

EIGHTH GRADE

PROBLEM #5

A few years ago, I tried an IV drug. I don't know whether I was exposed to HIV. I've been dating my boyfriend for the past six months. Last night he started pressuring me to have sex. What should I do?

Part I Decision Making

Directions:

Read the problem. In your small group talk about the alternative solutions to the question stated in the problem. Write them down. There may be more than four. Then talk about the consequences of having sexual intercourse. Write them down. As a group decide what you think is the best solution.

Alternatives (Ways the problem can be solved):

1. 3.
2. 4.

Consequences (Results of having sexual intercourse with past IV drug user):

1. 3.
2. 4.

Decide on the best solution.

Part II Resistance Skills

Directions:

After instruction on Resistance Skills discuss possible responses to the pressure line. Write them down. Assign a reporter in the group to tell your responses to the class.

Saying no to sexual intercourse (especially with someone who has a history of IV drug use) is important in protecting you and others from the HIV.

Pressure Line: Now you're in a similar situation and your boyfriend/girlfriend says, "If you really love me you'd have sex with me." How would you respond?

STUDENT WORKSHEET #2

EIGHTH GRADE TEACHER KEY

PROBLEM #1

Your brother really wants to join a special club. He just found out that there is a blood ritual he has to go through to become a member. The club members use the same razor to cut an "x" on everybody's arm. Do you think he should do it?

Part I Decision Making

Alternatives (Ways the problem can be solved):

1. Join the club and get the "x".
2. Join the club and not get the "x".
3. Not join the club.
4. Other

Consequences (Results of sharing razor blades):

1. If any of the people have blood infected with HIV, it could be transferred to the other people who use the same razor blade.
2. If you can join the club without participating in the ritual, you will not risk being exposed to HIV.
3. If you do not join the club, you will not risk being exposed to HIV.
4. Answer as appropriate.

Decide on the best solution.

Part II Resistance Skills

Pressure Line: Your brother says to you, "Come on, it's your turn to get the 'x.' Don't be a chicken." How would you respond?

Pressure Line Responses:

1. The only thing I'm a chicken about is taking a chance of getting HIV. Sharing razor blades can pass it.
2. I'll get the "x," but only with a new razor blade.
3. Others as appropriate.

STUDENT WORKSHEET #2

EIGHTH GRADE TEACHER KEY

PROBLEM #2

You have just found out that your brother is an IV drug user. You know that drug addicts can get HIV by sharing needles. Your brother lives at home and shares a bathroom with you. What should you do?

Part I Decision Making

Alternatives (Ways the problem can be solved):

1. Say nothing.
2. Talk to your brother about the consequences of using IV drugs.
3. Don't do drugs with your brother.
4. Do drugs with your brother.
5. Other

Consequences (Results of sharing IV drugs):

1. As long as you don't share IV needles or have intercourse with the infected person, there is no risk of HIV transmission.
2. Your brother is definitely at risk to become infected with HIV as well as develop other problems. If you join him, you will also be at risk.
3. As long as you don't share IV needles with your brother, there is no risk of HIV transmission.
4. If you share IV needles with your brother and he is infected with HIV, you could become infected. (Use of drugs without needles will not transmit HIV, but may alter your ability to make rational decisions and lead to other problems.
5. Answer as appropriate.

Decide on the best solution.

Part II Resistance Skills

Pressure Line: Your brother wants you to use drugs. He says, "Come on; it won't hurt to try it once." How would you respond?

Pressure Line Responses:

1. It only takes once to become infected with HIV.
2. I don't want to mess up my life by doing drugs.
3. Others as appropriate.

STUDENT WORKSHEET #2

EIGHTH GRADE TEACHER KEY

PROBLEM #3

You're at a slumber party and several of the girls there are getting their ears pierced. They're all using the same needle. What should you do?

Part I Decision Making

Alternatives (Ways the problem can be solved):

1. Get your ears pierced at the party.
2. Get your ears pierced where sterile needles are used.
3. Don't get your ears pierced.
4. Other

Consequences (Results of sharing needles):

1. If any of the people have blood infected with HIV, it could be transmitted to the other people who have their ears pierced with the same needle.
2. If sterile needles are used, there is no risk of becoming infected with HIV.
3. If you don't get your ears pierced, there is no risk of becoming infected with HIV.
4. Answer as appropriate.

Decide on the best solution.

Part II Resistance Skills

Pressure Line: Your friend says to you, "Come on, we can pierce your ears too. It won't hurt, you big baby." How would you respond?

Pressure Line Responses:

1. No, thanks, I'm getting my ears pierced at a store in the mall where they use clean needles.
2. My mom/dad would kill me if I did that. I'd be grounded for a year!
3. Others as appropriate.

STUDENT WORKSHEET #2

EIGHTH GRADE TEACHER KEY

PROBLEM #4

Your sister has been going to parties where drugs are used. She is beginning to experiment with them. Recently she has been pressuring you to try injecting cocaine with a needle. You are afraid that if you don't try it, your sister and her friends won't like you any more. What should you do?

Part I Decision Making.

Alternatives (Ways the problem can be solved):

1. Try injecting the cocaine.
2. Say "no" to your sister.
3. Other

Consequences (Results of using IV drugs):

1. You may risk getting HIV and becoming addicted to the drug.
2. If you do not inject the cocaine, there is no risk of becoming infected with HIV.
3. Answer as appropriate.

Decide on the best solution.

Part II Resistance Skills

Pressure Line: Your sister says to you, "If you're not going to do drugs with us, why don't you leave, you little brat?" How would you respond?

Pressure Line Responses:

1. I don't like needles. They're gross.
2. See you later, then.
3. Others as appropriate.

STUDENT WORKSHEET #2

EIGHTH GRADE TEACHER KEY

PROBLEM #5

A few years ago, I tried an IV drug. I don't know whether I was exposed to HIV. I've been dating my boyfriend for the past six months. Last night he started pressuring me to have sex. What should I do?

Part I Decision Making

1. Talk to your boyfriend about your confusion and your fear of HIV.
2. Get tested to see whether you've been exposed to HIV.
3. Stop dating your boyfriend.
4. Have sex with your boyfriend.
5. Other

Consequences (Results of having sexual intercourse with past IV drug user):

1. You can let your boyfriend know you may be infected with HIV and make a more informed choice about whether to have sex.
2. If you test positive for the AIDS antibody, you could infect your boyfriend with HIV if you have sex with him.
3. If you stop dating your boyfriend, you will not infect him with HIV.
4. If you are infected with HIV, you could transmit it to your boyfriend when you have sex with him.
5. Answer as appropriate.

Decide on the best solution.

Part II Resistance Skills

Pressure Line: Now you're in a similar situation and your boyfriend/girlfriend says, "If you really love me you'd have sex with me." How would you respond?

Pressure Line Responses:

1. If you really love me you won't pressure me to do things I don't want to.
2. I'm not ready to have sex with you. Let's wait.
3. Others as appropriate.

AIDS EDUCATION PRE/POST-TEST

EIGHTH GRADE

Can a person become HIV infected from . . .

1. Sharing needles or syringes used to inject (shoot up) drugs?

   a. YES b. NO c. NOT SURE

2. Having sexual intercourse?

   a. YES b. NO c. NOT SURE

Decide whether these statements are true.

3. You can protect yourself from becoming infected with HIV.

   a. YES b. NO c. NOT SURE

4. A pregnant woman who has HIV can infect her unborn baby with the virus.

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming infected with HIV by . .

5. Not having any kind of sexual intercourse (being abstinent)?

   a. YES b. NO c. NOT SURE

6. Not using needles or syringes to inject drugs?

   a. YES b. NO c. NOT SURE

7. Some tools that can transmit infected blood from one person to another are:

   a. NEEDLES AND SYRINGES

   b. KNIVES AND RAZORS

   c. ALL OF THE ABOVE

8. Are HIV and AIDS just different names for the same disease?

   a. YES b. NO c. NOT SURE

AIDS EDUCATION PRE/POST-TEST EIGHTH GRADE (continued)

9. The decision-making steps that can be applied to situations to reduce the risk of HIV transmission are:

   a. 1) STATE THE PROBLEM,
      2) DETERMINE THE CONSEQUENCES, and
      3) DECIDE ON THE BEST SOLUTION.

   b. 1) STATE THE PROBLEM,
      2) IDENTIFY THE ALTERNATIVES,
      3) DETERMINE THE CONSEQUENCES, and
      4) DECIDE ON THE BEST SOLUTION.

   c. NEITHER OF THE ABOVE

10. The best time to use Resistance Skills is:

   a. WHEN YOU'RE ASKING SOMEONE TO DO SOMETHING WITH YOU.

   b. WHEN YOU'RE MAKING A DECISION ABOUT SOMETHING.

   c. WHEN YOU WANT TO AVOID GETTING INTO A RISKY SITUATION.

Total Time: Two 50-minute class periods

OBJECTIVES:

The student should be able to:

1. List three ways in which the blood, semen, or vaginal secretions from a person who is infected with HIV can infect another person.
2. Explain why abstinence from sexual intercourse is the only 100% protection from the sexual transmission of HIV.
3. List ways to reduce the risk of HIV infection.
4. List the signs and symptoms of HIV infection.
5. Explain why a person's HIV status cannot be determined by their outward appearance.
6. Give supporting rationale for an exclusive monogamous commitment and relationship, as in marriage.
7. Restate that personal decisions about behavior can reduce or eliminate the risk of HIV transmission.
8. Apply the steps in Resistance Skills to the prevention of HIV transmission.

TEACHER PREPARATION:

1. Review HIV information, Appendix B.

2. Review Teacher Key to Student Worksheet.

3. Duplicate Student Pre/Post-Test and Student Worksheet, and three copies of situations 1, 2, 3, and 4.

4. Obtain video equipment.

5. Obtain video: "***Teen AIDS in Focus***".
(See List of Videos for description and acquisition information.) **Be sure to preview video prior to showing it to students.**

   This is a video that personalizes HIV/AIDS for teens, young adults, educators, parents, and mentors. It introduces viewers to three young people with HIV infection who talk openly about their lives, relationships, and perspectives on the future. These teens talk from their hearts in a way that connects with school-age youth of all racial, ethnic and socioeconomic backgrounds. 16 minutes.

6. Review the Glossary for definitions of words that may be unfamiliar to the students. Modify the terminology to be age appropriate, language specific, and culturally sensitive.

7. Photocopy "SCRIPTS' if you plan to conduct the "To Tell The Truth" activity. Tape or glue the scripts onto large index cards so they can be reused.

INSTRUCTION: Day 1

Minutes

10 1. **Pretest:** Administer

Pretest Answers

1. a	4. a	7. b
2. a	5. a	8. d
3. a	6. a	9. b

6 2. **Focus for Learner:**

Ask students, "In the past week, how many of you have read something about HIV in the newspaper or heard something about HIV on television? What have you read or heard?"

1 3. **Objectives:**

Explain: "Today we will see a video about HIV. You will learn how this deadly virus affected three young people. You will also learn the signs and symptoms of HIV infection. Finally, you'll apply Resistance Skills to the prevention of HIV transmission."

6 4. **Instruction:**

a. Distribute the Student Worksheet and read the questions to the students. Explain to the students that it is essential that they learn how HIV is transmitted and how its transmission can be prevented. Remind them that there is **no** vaccine (shot) to prevent people from getting HIV and **no** cure once infection has taken place. Ask students to watch the video to find some of the answers to the questions on the Student Worksheet.

20 b. Show the video, "Teen AIDS in Focus."

7 c. Ask students to fill in the answers to the questions on the Student Worksheet. (If there is no class time remaining, students may complete their responses at home.)

INSTRUCTION: Day 2

Minutes

6 d. Review material covered on Day 1 and discuss student responses to questions on the Student Worksheet. (It is recommended that the review be done in an open-ended discussion. See Teaching Tips on Leading an Open-Ended Discussion, Appendix B.)

30 e. Conduct the Social Skills Activity that follows:

SOCIAL SKILLS ACTIVITY

Resistance Skills

☞ ***Teacher Note:*** *Social Skills are included at each grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. At this grade level saying no and meaning it are emphasized. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

Tell students that saying NO to sex and drugs can be difficult, but it is important in order to protect yourself from HIV and other sexually transmitted diseases. Abstinence from sexual intercourse is the only 100% effective method of preventing the sexual transmission of HIV. Therefore, it is essential that students learn the steps in Resistance Skills and practice them to reinforce their decisions.

List the following steps on the board. Review the steps with the students, elaborating with the tips listed below.

Resistance Skills

Steps	Tips
1. Stop.	1. Don't proceed in the risky situation. It may get worse.
2. Calm yourself.	2. It's difficult to make intelligent decisions under highly emotional conditions, so **relax**.

3. Think about the consequences.	3. Before the risky situation progresses, think about the potential consequences of having sexual intercourse and using IV drugs.
4. Say NO and mean it!	4. Be aware that there are many other words you can use to say NO, such as "I don't want to" or "I don't feel like it." Words are not always enough; you should make eye contact, use a firm tone of voice, and use body language to reinforce your no message.
5. State why (if appropriate).	5. Sometimes a brief explanation helps get your message across. Don't argue, apologize, or negotiate. You have a right to abstain from sexual intercourse and drug use.
6. Suggest alternatives (if appropriate).	6. Instead of staying in the risky situation, suggest other activities you could do. For example, going to your boyfriend's/girlfriend's house when his or her parents are not home can lead to a risky situation. As an alternative, ask your boyfriend/girlfriend to come over to your house (if your parents are home) and watch television or play a video game.
7. Leave the situation (if appropriate).	7. It's best if you can recognize situations that are potentially unsafe or uncomfortable ahead of time so that you can avoid them. But if you find yourself in a risky situation, use the **Resistance Skills** and then walk away if possible.

ACTIVITY:

"To Tell the Truth"

Introduction: Each of us is constantly making assumptions about the people we meet based on our previous experiences as well

as on prejudice and a variety of stereotypes. Although such judgements are a necessary part of functioning in a complex society where one interacts daily with people one has never met before, such judgements can be dangerous, especially if one jumps to conclusions about a potential sexual partner. Common assumptions that may preclude thoughtful evaluation of a classmate include these: people who are "nice" and "clean" do not have sexually transmitted diseases; only people who are wild and/or IV drug users are infected with HIV. This lesson uses the old TV game, "To Tell the Truth", to help students see how careless assumptions may hide the truth.

1. To begin the activity, explain that the group is going to play a new version of a once popular TV game show, "To Tell the Truth." In this game there are four panelists, each with a script describing the character they represent. One of the panelists is infected with HIV. The object of the game is for the audience to ask questions that will reveal which one is infected with HIV.

2. Ask for four volunteers to be panel members. Ask them to come forward to sit in front. Have each select a card with a script and give each the appropriate props for their character. (Teacher Note: you will find the scripts on pps. 100 and 101.) Put a card in front of each one with a number 1, 2, 3, 4. Explain that they are to assume the identity of the character described on their card and must adhere to their script. If the answer to a question is not indicated in the script, they may make one up, trying to imagine what their characters would say.

3. Explain to the audience that one of the panel members is infected with HIV. When called on by the moderator, an audience member may ask one question, directed at a specific panelist. The question may be very personal but the question must be answerable with only "yes" or "no". They may not ask directly whether the person is infected with HIV.

4. The following introduction of panelists are given by the moderator to the audience:

   IDENTIFICATION CARD A is a Brown High School dropout. He is 17 years old and an only child.

   IDENTIFICATION CARD B also attends Brown High School as a senior. She is the quiet, studious type, and is often seen alone.

IDENTIFICATION CARD C is a freshman at Brown High School. He is 14 years old and attends Brown because of its outstanding art program.

IDENTIFICATION CARD D attends Brown High School. She is the younger of two girls in her family.

5. Begin the questioning, moving around the room to let each person ask one question before anyone asks a second; continue for 5-10 minutes depending on interest and quality of the questions.

6. Write A, B, C, and D on the FLIP CHART or black board. Ask for a show of hands of students who selected A. Tabulate and record on FLIP CHART; repeat for B, C, and D. Now ask for the reason why they selected the person they did. List these reasons under each letter. (What will probably appear on the board are assumptions, stereotypes and misleading hunches that distracted the questioners from discovering the truth.)

7. Have each panelist read his/her statement.

ACTIVITY:

Divide the class into groups of three. Give each group a situation. Instruct the students to brainstorm responses to the pressure line. Then have them role play the situation. One student says the pressure line. The second student responds to the pressure line with an assertive no statement using the responses the group identified. The third student observes, looking for the four steps:

1. I statement.
2. Eye contact.
3. Firm tone of voice.
4. Body language reinforcing "no" statement.

CLOSURE:

Minutes

6 a. Summarize the lesson.

HIV can be transmitted by:

- Blood
- Semen
- Vaginal secretions

Mothers who are infected with HIV can transmit HIV:

- to the unborn baby in the womb
- to the baby during the birth process
- to newborn babies in breast milk.

Prevent the spread of HIV by:

- Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of AIDS.
- Not sharing needles.

Resistance skills can be used to say no effectively.

2 b. Have students complete the final statement on the Student Worksheet:

"I can choose to prevent or reduce the risk of infection with HIV by . . . ."

6 **Post-Test:** Administer

Post-Test Answers

1. a	4. a	7. b
2. a	5. a	8. d
3. a	6. a	9. b

☞ ***Teacher Note:*** *Please review all correct answers with students.*

STUDENT WORKSHEET #1

NINTH GRADE

1. How can HIV be transmitted?

2. How can a person keep from becoming infected with HIV?

3. What were some of the diseases discussed in the video?

4. List four ways in which HIV is **not** transmitted.

5. What are three signs or symptoms of HIV infection?

6. I can choose to prevent or greatly reduce the chances of infection with HIV by:

STUDENT WORKSHEET #1

NINTH GRADE TEACHER KEY

1. How can HIV be transmitted?

   A person can be infected with HIV by:

   - Having sexual intercourse (anal, vaginal, or oral) with an infected person,
   - Sharing needles with an infected person to inject drugs, vitamins, or medications; get tattoos; receive acupuncture treatments; pierce ears; and perform blood rituals, or
   - Being born to an infected mother or receiving breast milk from an infected mother.

   Some people have become infected with HIV as a result of **receiving** infected blood or blood products. Since May 1985, donated blood has been screened to determine whether it has been contaminated. However, since the screening only detects the presence of the antibodies and not the virus itself, some **infected** blood will still be entering the donated blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case there is a need for a transfusion. For additional information, contact your local chapter of the American Red Cross.

2. How can a person keep from becoming infected with HIV?

   - Abstaining from (saying no to) sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Using latex gloves, if possible, when giving first aid that involves blood contact.

3. What were some of the diseases discussed in the video?

   - Syphilis
   - Gonorrhea
   - Chlamydia
   - Herpes

STUDENT WORKSHEET #1 NINTH GRADE TEACHER KEY (continued)

4. List four ways in which HIV is **not** transmitted.

   - Dry kissing.
   - Hugging.
   - Sharing eating utensils.
   - Being bitten by an insect.
   - Touching toilet sets, doorknobs, and other objects touched by infected people.
   - Merely being around infected people.

5. What are three signs or symptoms of infection with HIV?

   - There are frequently no signs or symptoms of infection with HIV for many months or years.
   - Fatigue, severe loss of weight, swollen lymph glands, unusual infections, and rare cancers are some of the signs and symptoms of infection with HIV.

6. I can choose to prevent or greatly reduce the chances of infection with HIV by:

   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Using latex gloves, if possible, when giving assistance that involves blood contact.

STUDENT WORKSHEET #2

NINTH GRADE

PROBLEM #1

Situation #1

You walk into the garage and see your brother, an all-county football player, injecting steroids. He looks up, smiles, and says, "Let me help you become successful in sports. You'll be better than anyone your age."

Situation #2

You kissed the boy or girl of your dreams good night. He or she says, "Come over to my bedroom window. I'll sneak you in so we can be together."

Situation #3

You're at your friend's house. Your friend has just agreed to let his older cousin give him a tattoo so he can join a group of the toughest older guys in town. As soon as your friend is tattooed, the cousin nods at you and says, "Your turn, if you're man enough."

*Prior to To Tell the Truth activity: The following information regarding each candidate can be photocopied, cut out and taped to large index cards for reuse by "panelists".

TO TELL THE TRUTH: (SCRIPTS)

CANDIDATE NUMBER ONE:

I, Jerry March, was a senior at Brown High School. I played trumpet in the school band, but then got interested in a group that performs weekends at the Golden Dragon, and dropped out of school. When I was in my early teens, my parents got a divorce. It was messy, and I felt like no one cared about me. I tried drugs–snorting, mainlining, and swallowing everything I could get my hands on. Then I got really interested in music, and quit all that stuff. I heard about AIDS and got tested–scared that I was infected, but I've had three tests and they were all negative, so I guess I'm safe, and really lucky! I guess I should go back and finish high school!

CANDIDATE NUMBER TWO:

I, Gerrie March, am a senior at Brown High School. I am on the honor roll and spend a lot of time studying–I want to go to medical school and become a doctor. I've always been a loner–not many friends–until I met this guy John. He's 25, and really seemed to care about me. He always would do anything I wanted until one night we went for a long drive. He stopped the car and then he said it was time we have sex. He had a six pack of beer and some drug stuff–and I got scared and ran away. I've never done drugs or sex, and I don't intend to–I don't want to get HIV.

CANDIDATE NUMBER THREE:

I, Jerry March, an a freshman at Brown High School. I'm a hemophiliac, and ever since I can remember, I've had to be careful what I do physically. I can't go out for football like the other guys because I might get hurt. I'm really good in art, and an glad I am at Brown High School because it is the magnet school for fine arts and I can meet lots of people with the same interests I have, and take some really neat courses. My parents almost smother me, they are so concerned about my health. But I guess I'm lucky. Even though I've had lots of other people's blood, I still test negative to HIV. And now the blood is safer, so I'm not worried.

CANDIDATE NUMBER FOUR:

I, Jeri March, am a junior at Brown High School I'm a cheerleader and am on the debate team, and I really like guys and do a lot of dating. I have an older sister who really flipped out on drugs, and one day in my room she talked me into "just trying it once". I didn't know she was HIV infected, and neither did she, but now we both are, and I feel real sorry for our parents.

HIV EDUCATION PRE/POST-TEST

NINTH GRADE

Can a person become HIV infected from . . .

1. Sharing needles or syringes used to inject (shoot up) drugs?

   a. YES b. NO c. NOT SURE

2. Having sexual intercourse?

   a. YES b. NO c. NOT SURE

Decide whether these statements are true.

3. You can protect yourself from becoming infected with HIV.

   a. YES b. NO c. NOT SURE

4. A pregnant woman who is HIV infected can infect her unborn baby with the virus.

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming HIV infected by . .

5. Not having any kind of sexual intercourse (being abstinent)?

   a. YES b. NO c. NOT SURE

6. Not using needles or syringes to inject drugs?

   a. YES b. NO c. NOT SURE

7. Can you tell if people are HIV infected just by looking at them?

   a. YES b. NO c. NOT SURE

8. Some of the signs and symptoms of HIV infection are:

   a. FATIGUE AND SEVERE LOSS OF WEIGHT

   b. SWOLLEN LYMPH GLANDS

   c. UNUSUAL INFECTIONS AND RARE CANCERS

   d. ALL OF THE ABOVE

HIV EDUCATION PRE/POST-TEST (continued)

9. **The first three steps in Resistance Skills are:**

   a. 1) STOP,
      2) SAY NO AND MEAN IT,
      3) SUGGEST AN ALTERNATIVE

   b. 1) STOP,
      2) CALM YOURSELF,
      3) THING ABOUT THE CONSEQUENCES

   c. NEITHER OF THE ABOVE

Total Time: Two 50-minute class periods

OBJECTIVES:

The student should be able to:

1. Explain the meaning of the acronyms HIV and AIDS.

2. Describe the HIV spectrum.

2. List three ways in which the blood, semen, or vaginal secretions from a person who is infected with HIV can infect another person.

4. Explain why abstinence from sexual intercourse is the only 100% protection from the sexual transmission of HIV.

5. List ways to reduce the risk of HIV infection and infection with other sexually transmitted diseases (STDs).

6. Describe the relationship between the number of people with AIDS (PWAs) and the total number of people HIV infected.

7. Give supporting rationale for an exclusive monogamous commitment and relationship, as in marriage.

8. Restate that personal decisions about behavior can reduce or eliminate the risk of HIV transmission.

9. Apply the steps in Resistance Skills to the prevention of HIV transmission.

TEACHER PREPARATION:

1. Review HIV information, Appendix B.

2. Review Teacher Key to Student Worksheet.

3. Call your county health department to find out the number of people diagnosed with AIDS in the United States, the number in Arizona, and the number in your county–get STD statistics also.

4. Select the transparencies of your choice from Appendix B, as an outline for class discussion.

5. Obtain overhead projector.

6. Select the transparencies of your choice from Appendix B, as an outline for class discussion.

7. Obtain video equipment.

8. Obtain video: "***A Million Teenagers***".
   (See List of Videos for description and acquisition information.) **Be sure to preview video prior to showing it to students.**

   This is an animated video about Sexually Transmitted Diseases (STDs) including herpes, chlamydia, and AIDS. Explanation of the physiology of the diseases, their transmission, symptoms, treatment, and dangers are discussed.

9. Review the Glossary for definitions of words that may be unfamiliar to the students. Modify the terminology to be age appropriate, language specific, and culturally sensitive.

   Abstinence from sexual intercourse provides 100% protection against the sexual transmission of HIV.

INSTRUCTION: Day 1

Minutes

10 1. **Pretest:** Administer

Pretest Answers

1. a	5. a	9. a
2. a	6. a	10. a
3. a	7. a	11. a
4. a	8. a	12. b

1 2. **Objectives:**

Explain: "Today we will discuss HIV. You will learn about the number of people who are HIV infected, both in the nation and in your own county. You will also learn that AIDS is a Sexually Transmitted Disease and can be prevented in the same ways that other Sexually Transmitted Diseases are prevented. You will learn to apply Resistance Skills to prevent the transmission of HIV."

8 3. **Instruction:**

a. Distribute the Student Worksheet, and ask students to watch the video to find answers to the first two questions. Explain to the students that it is essential that they learn how HIV is transmitted and how its transmission can be prevented. Remind them that there is **no** vaccine (shot) to prevent people from getting HIV and **no** cure once infection has taken place. Give students a chance to read the questions.

18 b. Show the video, "A Million Teenagers."

7 c. Ask students to fill in the answers to the first two questions on the Student Worksheet. (If there is no class time remaining, students may complete their responses at home.)

INSTRUCTION: Day 2

Minutes

3 d. Review material covered on Day 1. "Yesterday we learned how HIV is transmitted and how its transmission can be prevented."

23 e. Conduct "Tip of the Iceberg" activity:

ACTIVITY:

TIP OF THE ICEBERG ACTIVITY

- Cut out blank squares of paper, one for each student. Take three squares and place an "x" on each of them. Fold all papers so the squares with "x's" are hidden. Tell each of the students to pick a square from the box. Warn them not to reveal who has an "x" on the paper. Have students walk around the room and shake hands with three people. Instruct students, "If you have an 'x' on your paper, place an 'x' on the paper of the person you shake hands with." Have all students with "x's" stand. Approximately 3/4 of the students will now have "x's" on their papers. Tell students, "If those with the first three x's had been HIV infected and shared IV drug needles instead of shaking hands, all of you standing have been exposed to HIV."

- Use Iceberg overhead #5 or on the board, draw the iceberg that is on #3 of the Student Worksheet.

- Explain the concept of an iceberg: Only the tip can be seen above the water line; the largest part cannot be seen on the surface.

- Write PWA at the tip of the iceberg on the board. Have the students write PWA on their Worksheets. Elicit ideas from students about what PWA stands for (People With AIDS). State that since AIDS was first identified (ask if anyone knows the year—1981), more than 220,000 people in the U.S. have been diagnosed with AIDS. Ask the students to write that number under PWA. Do the same on the board.

- Ask the students: "Since the tip of the iceberg represents People With AIDS (PWAs), what does the rest of the iceberg represent?"

Response: People who are HIV infected.

- Ask students to write HIV infected people within the iceberg base.

- State that the number of HIV infected people is estimated at 1,000,000-1,500,000 by the Centers for Disease Control (CDC). Call your local health department for current data. Write today's date under that number. (See finished chart in Teacher Key.)

- Ask the students: "What do you know about HIV infected people?"

- Write the student responses on the board. They should include:

(a) HIV is the abbreviation for Human Immunodeficiency Virus, which is often incorrectly called the AIDS virus.

(b) HIV infected people are infected with the virus that causes AIDS.

(c) Many do not know they are infected.

(d) They have been exposed to HIV but they are not sick.

(e) They are capable of passing HIV to others. (They are infectious.)

(f) It is estimated that half will be diagnosed with AIDS within ten years. This number will probably grow with time. (Since we have not studied the virus long enough, we can only estimate.)

- Explain the HIV spectrum. Inform students that no one can predict how long it will take for an infected person to become ill or die. People differ in their disease pattern.

- Have the students take 20 seconds to look at the responses on the board and read them quietly to themselves.

- State: "This is a very dangerous virus. A person could be infected for a long time, not be sick, and pass it to someone else without knowing."

  "On the average, people with AIDS now, were probably infected with HIV eight to twelve years before they became sick (diagnosed as having AIDS). However, a few people develop AIDS in one to two years following infection. Children infected at birth used to develop the illness much faster and die by the age of two years. However because of new medical treatments, these children are staying healthy and living longer, with many well enough to attend school."

- Write that statement on the board, and have the students copy it. (See finished chart.)

4. Have students answer questions #4 and #5 on the Student Worksheet.

5. Review student responses to questions from the Student Worksheet. Elicit responses and questions from individual students. It is recommended that the review be done in an open-ended discussion. (See Teaching Tips on Leading an Open-Ended Discussion.)

SOCIAL SKILLS ACTIVITY

Resistance Skills

☞ ***Teacher Note:*** *Social Skills are included at each grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. At this grade level responding to pressure lines is emphasized. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

Tell students that saying NO to sex and drugs can be difficult, but it is important in order to protect yourself from HIV. Abstinence from sexual intercourse is the only 100% effective method of preventing the sexual transmission of HIV. Therefore, it is essential that students learn the steps in Resistance Skills and practice them to reinforce the decisions they make.

List the following steps on the board. Review the steps with the students, elaborating with the tips listed below.

Resistance Skills

Steps	Tips
1. Stop.	1. Don't proceed in the risky situation. It may get worse.

2. Calm yourself.	2. It's difficult to make intelligent decisions under highly emotional conditions, so **relax**.
3. Think about the consequences.	3. Before the risky situation progresses, think about the potential consequences of having sexual intercourse and using IV drugs.
4. Say NO and mean it!	4. Be aware that there are many other words you can use to say NO, such as "I don't want to" or "I don't feel like it." Words are not always enough; you should make eye contact, use a firm tone of voice, and use body language to reinforce your no message.
5. State why (if appropriate).	5. Sometimes a brief explanation helps get your message across. Don't argue, apologize, or negotiate. You have a right to abstain from sexual intercourse and drug use.

From the iceberg activity, you learned that the majority of people who are HIV infected are not sick and do not show signs of being infected. However, all HIV infected persons are infectious (can transmit the infection) during sexual intercourse or when sharing blood in the equipment used to inject (shoot up) drugs.

If you want to state why you are not going to have intercourse or why you are not going to share drug equipment, you can simply say: "I don't want to get AIDS."

If your partner argues, "I don't have AIDS," you could simply reply, "I have no way of knowing that."

Very often, it is best to simply say "No" and mean it. It is not necessary to explain why. It is only necessary that you are sure of the choice you make. You have the right to make a choice without explaining why.

6. Suggest alternatives (if appropriate).

6. Instead of staying in the risky situation, suggest other activities you could do. For example, going to your boyfriend's/girlfriend's house when his or her parents are not home can lead to a risky situation. As an alternative, ask your boyfriend/girlfriend to come over to your house (if your parents are home) and watch television or play a video game.

7. Leave the situation (if appropriate).

7. It's best if you can recognize situations that are potentially unsafe or uncomfortable ahead of time so that you can avoid them. But if you find yourself in a risky situation, use the **Resistance Skills** and then walk away if possible.

ACTIVITY:

Have students work in small groups to brainstorm two lists, one of why students would not want to have sexual intercourse and one of why not to use IV drugs.

Use lists generated by the students to compare the reasons for saying no to (abstaining from) drugs and sex. Many of the reasons for saying no to sex or drugs will be the same. Explain to the students: "In order to say no to sexual intercourse and drug use, you have to be convinced that your decision is right. You do not have to explain why to the person who wants to have sex with you or the people who want to share drugs with you. Sometimes you will want to say why. It helps to make lists for yourself and decide what you're going to do before you're in the moment of passion or before you're offered drugs."

"You may use some of the reasons on the list to help you decide what you will do in a pressure situation. You may also use them to

let the person applying pressure know 'why' you are saying no. (See Step 5)."

ACTIVITY:

Divide the students into cooperative learning groups of 3-4. Distribute an index card of one of the situations to each group. Have them rotate reading the situation and the pressure line, using the Resistance Skills, and being observers.

Situation #1

You're at your babysitting job and your boyfriend/girlfriend, whom you haven't seen for six days, calls and says he/she misses you and is coming over. The people you baby-sit for have told you that NO visitors (including boyfriends/girlfriends) are to come over while they're gone. Your boyfriend/girlfriend says, "Leave the front door unlocked. I'll be over in 10 minutes."

Situation #2

You're at a party where many of your friends are using drugs. Two of your best friends have a needle and syringe and some cocaine. They urge you, "Come on; try it just this once."

Situation #3

It's lunch time at school and a bunch of kids are out behind the school talking. A few of the students decide to skip next period and go to a friend's house to party. They want you to come along and say, "Don't worry about missing class. We'll write an excuse for you and sign your mom's name."

Situation #4

Your parents dropped you off at the school dance with the agreement that you would stay there and get a ride home with your friend's parents by your 11:30 curfew. Another good friend of yours decides he is going to go to the lake with a bunch of kids (some you don't know). They all want you to come along and say, "Don't be a baby. Nothing's going to happen; your parents will never even know."

CLOSURE:

Minutes

5 a. Summarize the lesson.

Prevent the spread of HIV by:

- Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
- Not sharing needles.

Resistance skills can be used to say no effectively.

People diagnosed with AIDS:

- are only 1/15-20 of the people infected with HIV
- took 8–12 years to develop the disease from the time they became infected
- will grow in number in the future even if we could stop new infections

b. Have students respond to the final question on the Student Worksheet:

"I can choose to prevent or reduce the risk of infection with HIV by . . ."

8 **Post-Test:** Administer

Post-Test Answers

1. a	5. a	9. a
2. a	6. a	10. a
3. a	7. a	11. a
4. a	8. a	12. b

☞ ***Teacher Note:*** *Please review all correct answers with students.*

STUDENT WORKSHEET

TENTH GRADE

1. How can HIV be transmitted?

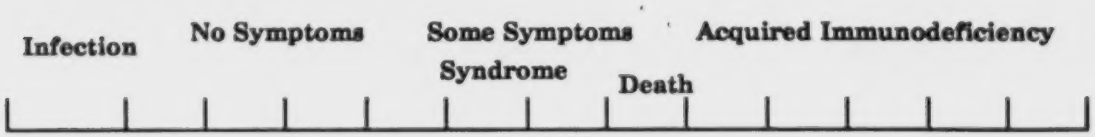
2. How can a person keep from becoming HIV infected?

3. Label the iceberg diagram:

4. How does the number of People With AIDS (PWAs) in the United States compare with the number of HIV infected people?

STUDENT WORKSHEET TENTH GRADE (continued)

5. HIV spectrum—why are there no specific number of years on this time line?



6. How long does it take for the average HIV infected person to be diagnosed as having AIDS?

7. How does the prevention of HIV compare with the prevention of other sexually transmitted diseases (STDs)?

8. I can choose to prevent or reduce the risk of infection from HIV by:

STUDENT WORKSHEET

TENTH GRADE TEACHER KEY

1. How can HIV be transmitted?

   A person can be HIV infected by:

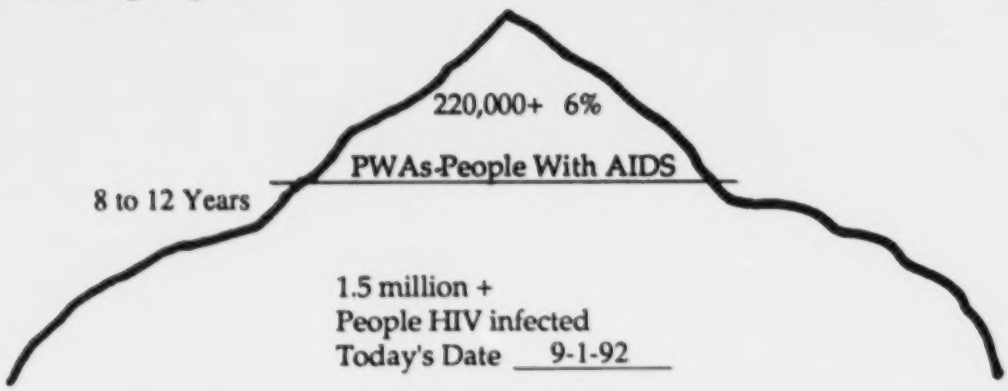
   - Having sexual intercourse (anal, vaginal, or oral) with an infected person,
   - Sharing needles with an infected person for any purpose, including injecting drugs, vitamins, or medications; getting tattoos; receiving acupuncture treatments; piercing ears; and performing blood rituals, or
   - Being born to an infected mother or receiving breast milk from an infected mother.

   Some people have become infected with HIV as a result of **receiving** infected blood or blood products. Since May 1985, donated blood has been screened to determine whether it has been contaminated. However, since the screening only detects the presence of the antibodies and not the virus itself, some **infected** blood will still be entering the donated blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case a transfusion is required. For additional information, contact your local chapter of the American Red Cross.

2. How can a person keep from becoming HIV infected?

   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Using latex gloves when giving first aid that involves blood contact.

3. Label the iceberg diagram: (United States only)



STUDENT WORKSHEET TENTH GRADE TEACHER KEY (continued)

4. How does the number of People With AIDS (PWAs) in the United States compare with the number of HIV infected people?

   - PWAs make up only 6% of the total number of people infected with HIV.
   - The ratio of People diagnosed With AIDS (PWAs) to the estimated number of people infected with the HIV is 1 to 20. (For every one person that has been diagnosed with AIDS it is estimated that 15 to 20 people are HIV infected but do not have AIDS yet.)

5. HIV spectrum—why are there no specific number of years on this time line?

   - No two people respond to HIV in the same way.
   - Some people develop AIDS within six months of infection; others develop AIDS eight to twelve years later.
   - Some people have no symptoms until suddenly they have AIDS.
   - Others have mild symptoms for several years as their immune system gradually becomes damaged.

6. How long does it take for the average HIV infected person to be diagnosed as having AIDS?

   - The average is 8–12 years.

7. How does the prevention of HIV compare with the prevention of other sexually transmitted diseases (STDs)?

   - Some other STDs (syphilis) can be transmitted through IV drug use like AIDS; therefore, abstinence from this practice is strongly recommended.
   - Both are transmitted through sexual intercourse; therefore, abstinence is recommended.

8. I can choose to prevent or reduce the risk of HIV infection by:

   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Using latex gloves when giving first aid that involves blood contact.

AIDS EDUCATION PRE/POST-TEST

TENTH GRADE

Can a person become HIV infected from . . .

1. Sharing needles or syringes used to inject (shoot up) drugs?

   a. YES b. NO c. NOT SURE

2. Having sexual intercourse?

   a. YES b. NO c. NOT SURE

Decide whether these statements are true.

3. You can protect yourself from becoming HIV infected.

   a. YES b. NO c. NOT SURE

4. A pregnant woman who has HIV can infect her unborn baby with the virus.

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming HIV infected by . . .

5. Not having any kind of sexual intercourse (being abstinent)?

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming infected with HIV by . . .

6. Wearing latex gloves when coming in contact with infected blood?

   a. YES b. NO c. NOT SURE

7. Not using needles or syringes to inject drugs?

   a. YES b. NO c. NOT SURE

Decide whether the following statements are true.

8. The number of people infected with HIV is much greater than the number of people with AIDS.

   a. YES b. NO c. NOT SURE

AIDS EDUCATION PRE/POST-TEST TENTH GRADE (continued)

9. It may take several years for people infected with HIV to develop AIDS.

   a. YES b. NO c. NOT SURE

10. People diagnosed with AIDS will grow in number in the future even if we could stop new infection.

    a. YES b. NO c. NOT SURE

11. A person infected with HIV, but not diagnosed with AIDS, can infect someone else.

    a. YES b. NO c. NOT SURE

12. The first three steps in Resistance Skills are:

    a. 1) STOP
       2) SAY NO AND MEAN IT
       3) SUGGEST AN ALTERNATIVE

    b. 1) STOP
       2) CALM YOURSELF
       3) THINK ABOUT THE CONSEQUENCES

    c. NONE OF THE ABOVE

Total Time: Two 50-minute class periods

OBJECTIVES:

The student should be able to:

1. List three ways in which the blood, semen, or vaginal secretions from a person who is infected with HIV can infect another person.
2. Explain why abstinence from sexual intercourse is the only 100% protection from the sexual transmission of HIV.
3. Explain why use of alcohol and other non-injectable drugs can lead to high-risk behaviors.
4. List ways to reduce the risk of infection with HIV.
5. Restate the fact that a cure for HIV is not imminent.
6. Describe the risk of transmitting HIV in worksites, schools, and social situations.
7. Explain that donating blood and having a blood test in a medical facility in the United States is totally safe from exposure to HIV.
8. List the steps that have been taken to increase the safety of the donated blood supply.
9. Give supporting rationale for an exclusive monogamous relationship, as in marriage.
10. Restate that personal decisions about behavior can reduce or eliminate the risk of HIV transmission.
11. Describe and list several ways of caring and showing love that do not place a person at risk for HIV.
12. Apply the steps of Resistance Skills to the prevention of HIV transmission.

TEACHER PREPARATION:

1. Review Appendix B: Basic Information About HIV Disease For Educators.

2. Review Teacher Key to Student Worksheet.

3. Duplicate Student Pre/Post-Test, Student Worksheet #1 and #2, and "AIDS and the Safety of the Nation's Blood supply" (excerpt from the American Red Cross pamphlet with the same title).

4. Obtain overhead projector.

5. Select the transparencies of your choice from Appendix B, as an outline for class discussion.

6. Obtain video equipment.

7. Obtain video: "***Don't Forget Sherrie***".
(See List of Videos for description and acquisition information.) **Be sure to preview video prior to showing it to students.**

   This video is a powerful drama focusing on a group of black urban teenagers. The relationship of Tim, a high school athlete, and Robin, his girlfriend, is threatened when Tim discovers that his ex-girlfriend, Sherrie, is dying from AIDS. Tim and Sherrie had experimented with IV drugs. The AIDS prevention information is presented throughout the video. Suitable for all cultural and ethnic groups.

8. Review the Glossary for definitions of words that may be unfamiliar to the students. Modify the terminology to be age appropriate, language specific, and culturally sensitive.

   Abstinence from sexual intercourse provides 100% protection against the sexual transmission of HIV. (See Teaching Abstinence under Teaching Tips.)

INSTRUCTION: Day 1

Minutes

10 1. **Pretest:** Administer

Pretest Answers

1. a	5. a	9. c
2. a	6. a	10. b
3. a	7. a	11. b
4. a	8. b	12. d

3 2. **Focus for Learner:**

Ask the students whether a person can become infected with HIV when **donating** blood. Then ask the students whether a person can become HIV infected when **receiving** blood.

1 3. **Objectives:**

Explain: "Today we will discuss HIV. You will learn about the difficultly of finding a cure for AIDS. In addition, you will learn to apply your knowledge about HIV to work, school, and social situations, including how to use Resistance Skills. You will also learn about the safety of donating blood and about the risk of getting HIV from a blood transfusion.

3 4. **Instruction:**

a. Distribute the Student Worksheet, and ask students to watch the video to find answers to some of the questions. Give students a few minutes to read the questions.

26 b. Show the video, "Don't Forget Sherrie."

4 c. Distribute the handout entitled, "The Safety of the Blood Supply." Ask students to read it later.

3 d. Ask students to fill in the answers to the questions on the Student Worksheet. (If there is no class time remaining, students may complete their responses at home.)

INSTRUCTION: Day 2

Minutes

3 e. Review material covered on Day 1.

5 f. Review the answers to questions on the Student Worksheet. Elicit responses and questions from individual students. (It is recommended that the review be done in an open-ended discussion. See Teaching Tips on Leading an Open-Ended Discussion.)

26 g. Conduct the Social Skills Activity.

ACTIVITY:

Invite an "AIDS expert" to speak to the class–an HIV educator, health professional, or counselor at testing site.

SOCIAL SKILLS ACTIVITY

Resistance Skills

☞ ***Teacher Note:*** *Social Skills are included at each grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. At this grade level suggesting alternatives for showing love is emphasized. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

Call to the students' attention that we have a variety of ways to express love and affection that are healthy. Stress that a person who cares:

- is not selfish
- is aware of consequences, talks about them and acts responsible. (Postponing sexual intercourse is the most responsible action.)

Tell students that saying NO to sex and drugs can be difficult, but it is important in order to protect yourself from HIV. Abstinence from sexual intercourse is the only 100% effective method of preventing the sexual transmission of HIV. Use of alcohol and other non-injecting drugs can lead to high-risk behaviors because of

impaired judgement. Therefore, it is essential that students learn the steps in Resistance Skills and practice them. Tell students they can use the no risk ways of showing love as alternatives when practicing Resistance Skills.

List the following steps on the board. Review the steps with the students, elaborating with the tips listed below.

Resistance Skills

Steps	Tips
1. Stop.	1. Don't proceed in the risky situation. It may get worse.
2. Calm yourself.	2. It's difficult to make intelligent decisions under highly emotional conditions, so **relax**.
3. Think about the consequences.	3. Before the risky situation progresses, think about the potential consequences of having sexual intercourse and using IV drugs.
4. Say NO and mean it!	4. Be aware that there are many other words you can use to say NO, such as "I don't want to" or "I don't feel like it." Words are not always enough; you should make eye contact, use a firm tone of voice, and use body language to reinforce your no message.
5. State why (if appropriate).	5. Sometimes a brief explanation helps get your message across. Don't argue, apologize, or negotiate. You have a right to abstain from sexual intercourse and drug use.

6. Suggest alternatives (if appropriate).	6. Instead of staying in the risky situation, suggest other activities you could do. For example, going to your boyfriend's/girlfriend's house when his or her parents are not home can lead to a risky situation. You have listed many alternatives–use them as alternatives when practicing Resistance Skills.
7. Leave the situation (if appropriate).	7. It's best if you can recognize situations that are potentially unsafe or uncomfortable ahead of time so that you can avoid them. But if you find yourself in a risky situation, use the **Resistance Skills** and then walk away if possible.

ACTIVITY:

Have the class brainstorm some trouble situations. Write them on the board. End each situation with a pressure line such as: "Come on, everybody's doing it" or "If you love me, you would." Use one of the examples to model Resistance Skills. Break into small groups and have one student read and apply the pressure as described in a situation written on the board. Have the second student use the Resistance Skills. Have the third student observe and help student #2 with the skill. After five minutes instruct the students to rotate roles. Repeat once more so all students have an opportunity to use the skill. When suggesting alternatives have them refer to the ways to show affection on previous pages.

ADDITIONAL ACTIVITY:

Rank the risk

☞ ***Teacher Note:*** *This activity is intended to stimulate discussions about at-risk behaviors. Responses may vary based on additional information provided by the students. Varied answers would be acceptable.*

The following behaviors increase the risk of transmitting the virus that causes AIDS: having a sexual partner who is at increased risk of having contracted the AIDS virus, practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Distribute "Rank the Risk" Student Worksheet #2.

- Have students complete the exercise individually.
- Have them form groups of 4 or 5 and come to a consensus on ranking the items. (See Teaching Tips on Conducting Cooperative Learning Activities.)
- Bring the class back together for a large group discussion.

CLOSURE:

Minutes

5 a. Summarize the lesson.

HIV can be transmitted by:

- Blood through shared needles, from infected mother to her unborn child, and rarely from the blood supply.
- Semen transferred during sexual intercourse (anal, vaginal, or oral).
- Vaginal secretions during sexual intercourse.
- Mothers who are HIV infected can transmit it to newborn babies in breast milk.

A cure or a vaccine for HIV s not likely in the near future, so prevention is important.

Prevent the spread of HIV by:

- Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection against the sexual transmission of HIV.
- Not sharing needles.
- Not using alcohol or other drugs which may lead to high-risk behaviors because of impaired judgement.

Resistance skills can be used to say no effectively.

3 b. Have students respond to the final question on the Student Worksheet:

"I can choose to prevent or reduce the risk of infection with HIV by . . ."

8 **Post-Test:** Administer

Post-Test Answers

1. a	5. a	9. c
2. a	6. a	10. b
3. a	7. a	11. b
4. a	8. b	12. d

☞ ***Teacher Note:*** *Please review all correct answers with students.*

STUDENT WORKSHEET #1

ELEVENTH GRADE

1. How can HIV be transmitted?

2. How can a person keep from becoming infected with HIV?

3. What precautions are necessary when you are with HIV infected people.

4. Why is a cure for HIV not expected soon?

5. What are the steps being taken in the U.S. to increase the safety of the donated blood supply?

6. Is there any risk of getting HIV by giving blood?

7. I can choose to prevent or reduce the risk of infection from HIV.

STUDENT WORKSHEET #1

ELEVENTH GRADE TEACHER KEY

1. How can HIV be transmitted?

   HIV is transmitted in the same manner as some of the other Sexually Transmitted Diseases (STDs).

   A person can be exposed to HIV by:

   - Having sexual intercourse (anal, vaginal, or oral) with an infected person,
   - Sharing needles with an infected person to inject drugs, vitamins, or medications; getting tattoos; receiving acupuncture treatments; piercing ears; and performing blood rituals, or
   - Being born to an infected mother or receiving breast milk from an infected mother.

   Some people have become infected with HIV as a result of **receiving** infected blood or blood products. Since May 1985, donated blood has been screened to determine whether it has been contaminated. However, since the screening only detects the presence of the antibodies and not the virus itself, some **infected** blood will still be entering the donated blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case there is a need for a transfusion. For additional information, contact your local chapter of the American Red Cross.

2. How can a person keep from becoming infected with HIV?

   - In exactly the same way a person keeps from being infected with other Sexually Transmitted Diseases (STDs).
   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Taking precautions when handling blood of all people at home, school, work, and play.

3. What precautions are necessary when you are with HIV infected people.

   - Use latex (rubber) gloves when handling their blood.
   - Avoid sexual intercourse (anal, vaginal, or oral) with them.

- Do not share needles, razor blades, or knives with them.

4. Why is a cure for HIV not expected soon?

   - We do not have cures for any virus infections.
   - Laboratory testing is difficult.
   - Human testing is problematic and sometimes not ethical.

5. What are the steps being taken in the U.S. to increase the safety of the donated blood supply?

   - Donated blood is tested for HIV antibodies; if the test results are positive, the blood is discarded.
   - Donors are questioned and advised not to donate blood if they participate in high-risk behaviors or if they have any signs or symptoms of AIDS.
   - Heat and chemical treatments are used to destroy HIV in blood used for treatment.

6. Is there any risk of getting HIV by giving blood?

   No. A new sterile needle and sterile equipment are used for each donor and destroyed after use.

7. I can choose to prevent or reduce the risk of infection from HIV.

   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Taking precautions when handling blood of all people at home, school, work, and play.

STUDENT WORKSHEET #2

ELEVENTH GRADE

ACTIVITY:

Rank the Risk

DIRECTIONS: Rank each of the following behaviors/situations from 0-10, 0 being no-risk and 10 being high-risk. What situations provide the greatest risk of transmitting HIV/AIDS?

_____ Sitting next to a person with HIV/AIDS.

_____ Administering first aid to someone who is bleeding profusely.

_____ Having sexual intercourse with many people.

_____ Donating blood at the community bloodmobile.

_____ Receiving a blood transfusion.

_____ Using IV drugs and sharing equipment, "works," or needles.

_____ Using a public toilet.

_____ Practicing abstinence from sexual intercourse and IV drugs.

_____ An HIV infected mother giving birth.

_____ Sexual intercourse within a mutually monogamous and faithful relationship.

_____ Using alcohol or other non-injectable drugs.

STUDENT HANDOUT

ELEVENTH GRADE

AIDS AND THE SAFETY OF THE NATION'S BLOOD SUPPLY

AIDS (Acquired Immunodeficiency Syndrome) is a deadly disease caused by HIV, a virus that damages the immune system. People with AIDS are vulnerable to life-threatening diseases that do not affect others with normal immunity. AIDS is most often spread by sexual contact and by sharing contaminated drug needles. AIDS has also been transmitted from infected pregnant women to their infants, from infected mothers to babies through breast milk, and rarely by transfusion of contaminated blood or blood products.

IS IT SAFE TO HAVE A BLOOD TRANSFUSION TODAY?

Today, the risk of getting HIV from a blood transfusion has been greatly reduced. All donated blood and blood products are tested for HIV antibodies, and donors are screened for risk factors. The risk of getting HIV from a blood transfusion is very, very small.

However, since the screening only detects the presence of the antibodies and not the virus itself, some infected blood will still be entering the blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case there is a need for a transfusion.

No one who really needs a blood transfusion should refuse it for fear of getting HIV. The risk to your health from refusing a blood transfusion your doctor recommends is much greater than the very low risk of getting HIV from the transfusion.

IS IT SAFE TO DONATE (GIVE) BLOOD?

No one should be afraid of getting HIV from donating blood. You cannot get HIV by donating blood or plasma. In the United States, a new sterile needle is used for each donor. Healthy people who are not at risk for HIV should continue to donate as they have in the past. With a picture ID, a 17-year-old can donate blood. The donation will help save lives.

IS IT SAFE TO HAVE A BLOOD TEST IN A MEDICAL FACILITY IN THE UNITED STATES?

When blood is collected for a medical test in the United States, new sterile equipment is used for each person. There is no danger of HIV being transmitted because the needles and syringes used do not contain any blood from other people. In some of the developing countries of the world, medical equipment is in short supply and is reused from person to person. In those countries having medical care and tests may result in HIV infection for the patients.

HOW HAS THE BLOOD SUPPLY BEEN PROTECTED?

- Blood collection centers screen donors for HIV antibodies and reject those with positive test results.
- New heat and chemical procedures kill viruses in clotting factor concentrates manufactured for use in treating hemophilia.
- From 1985 on, a laboratory test to detect HIV antibodies has been used to screen all donated blood and plasma.
- Individuals who participate in high-risk behaviors are asked not to donate blood.

Together, these measures have nearly eliminated the possibility of getting HIV through transfusions of blood or blood products.

HOW RELIABLE IS THE HIV ANTIBODY TEST?

People who test positive for antibodies to HIV have been infected by the virus and can transmit it to others. A positive test, though, does not mean that a person has AIDS, but it means that he or she is a carrier of the virus. An estimated 1.5 million Americans have been infected by HIV; many of them show no signs of illness and do not know that they carry the virus.

Once in a while, an initial blood test for HIV antibodies may be positive, even though the person who gives blood is not infected. This is called a "false positive" reaction. All positive initial blood tests are repeated to confirm the results.

Every unit of donated blood with a positive test result is discarded. These units are not used for transfusions or for the manufacture of blood products.

"False negative" results can also occur. If a person's body has been recently infected, it has not had time to develop antibodies to HIV (which takes from six weeks to six months or longer). Therefore, a retest may be advised after consultation with the attending nurse or physician.

TO SUM UP

The measures in use today have made the blood supply safer. No one who really needs a blood transfusion should refuse it for fear of getting HIV. Refusing blood when it is needed could cost you your life.

No one should fear getting HIV infected from donating blood in the United States. There is no chance of getting HIV in this way, and the need for blood to save lives is great.

For information on donating blood, contact your local agencies or hospitals.

More information about HIV and AIDS-related illnesses can be obtained from:

- Your physician.
- Your state or local health department.
- The Public Health Service's toll-free hotline: 1-800-342-AIDS.
- Your local AIDS organization. Contact the National AIDS Network for referral: 1-202-347-0390.
- Your local chapter of the American Red Cross.

Adapted from "Latest Facts About AIDS: AIDS and the Safety of the Nation's Blood Supply" (American Red Cross and the U.S. Public Health Service, 1987).

AIDS EDUCATION PRE/POST-TEST

ELEVENTH GRADE

Can a person become HIV infected by. . .

1. Sharing needles or syringes used to inject (shoot up) drugs?

   a. YES b. NO c. NOT SURE

2. Having sexual intercourse?

   a. YES b. NO c. NOT SURE

Decide whether these statements are true.

3. You can protect yourself from becoming infected with HIV.

   a. YES b. NO c. NOT SURE

4. A pregnant woman who has HIV can infect her unborn baby with the virus.

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming infected with HIV by . .

5. Not having any kind of sexual intercourse (being abstinent)?

   a. YES b. NO c. NOT SURE

6. Wearing latex gloves when coming in contact with infected blood?

   a. YES b. NO c. NOT SURE

7. Not using needles or syringes to inject drugs?

   a. YES b. NO c. NOT SURE

Decide whether the following statements are true.

8. There is a cure for AIDS.

   a. YES b. NO c. NOT SURE

AIDS EDUCATION PRE/POST-TEST ELEVENTH GRADE (continued)

9. The step(s) that have been taken to increase the safety of the donated blood supply is/are:

   a. DONATED BLOOD IS TESTED FOR HIV ANTIBODIES
   b. DONORS ARE SCREENED FOR RISK FACTORS
   c. BOTH OF THE ABOVE

10. Can a person become HIV infected from donating blood?

    a. YES b. NO c. NOT SURE

11. Can a person become HIV infected from having a blood test in the United States?

    a. YES b. NO c. NOT SURE

12. Which ways of caring and showing love do not increase the risk of HIV infection?

    a. HUGGING
    b. HOLDING HANDS
    c. GIVING FLOWERS
    d. ALL OF THESE

Total Time: Two 50-minute class periods

OBJECTIVES:

The student should be able to:

1. List three ways in which the blood, semen, or vaginal secretions from a person who is HIV infected can infect another person.
2. Explain why abstinence from sexual intercourse is the only 100% protection from the sexual transmission of HIV.
3. List ways to reduce the risk of HIV infection.
4. Give supporting rationale for an exclusive monogamous relationship, as in marriage.
5. Behave in a safe and supportive manner toward people who are infected with HIV.
6. List ways a person's life is impacted when becoming HIV infected.
7. Restate that personal decisions about behavior can reduce or eliminate the risk of HIV transmission.
8. Apply the steps in Resistance Skills to the prevention of HIV transmission.

TEACHER PREPARATION:

1. Review Appendix B: Basic Information About HIV Disease For Educators.

2. Review Teacher Key to Student Worksheet.

3. Duplicate Student Pre/Post-Test, Student Worksheets, and "Discussion Questions on the video.

4. Obtain video equipment.

5. Obtain video: "***A Letter from Brian***".
   (See List of Videos for description and acquisition information.) **Be sure to preview video prior to showing it to students.**

   In this video, the dramatic story shows how high school students react when they learn about a friend who got AIDS by sharing intravenous drug needles. The students struggle with their responses and the choices they have to make.

6. Review the Glossary for definitions of words that may be unfamiliar to the students. Modify the terminology to be age appropriate, language specific, and culturally sensitive.

   Abstinence from sexual intercourse provides 100% protection against the sexual transmission of HIV. (See Teaching Abstinence under Teaching Tips, Appendix B.)

INSTRUCTION: Day 1

Minutes

10 1. **Pretest:** Administer

Pretest Answers

1. a	6. a	11. e
2. a	7. a	12. b
3. a	8. a	13. d
4. a	9. a	
5. a	10. a	

5 2. **Focus for Learner:**

Ask students, "How many of you have heard of someone who had AIDS? How would you feel if you found out that someone at school had AIDS? How would you feel if someone in your family had AIDS? Think about it."

1 3. **Objectives:**

Explain: "Today we will discuss HIV and AIDS. You will learn about being tested for presence of HIV antibodies and how that knowledge can affect your decisions. You will also learn about how to relate to others that you may think or know are infected. In addition, you'll learn to apply Resistance Skills in preventing the transmission of HIV."

1 4. **Instruction:**

a. Distribute the Student Worksheet, and ask students to watch the video to find answers to the questions. Explain to the students that it is essential that they learn how HIV is transmitted, how knowing its transmission can be prevented, and how the antibody status of a person affects decisions about behavior. Remind students that there is **no** vaccine to prevent people from getting HIV and **no** cure once infection has taken place. Give students a few minutes to read the questions.

32 b. Show the video, "A Letter from Brian".

1 c. Ask students to fill in the answers to the questions on the Student Worksheet as a homework assignment.

INSTRUCTION: Day 2

Minutes

7 d. Review material covered on Day 1.

10 e. Discuss student responses to questions on the Student Worksheet. Elicit responses and questions from individual students. (It is recommended that the review be done in an open-ended discussion. See Teaching Tips on Leading an Open-Ended Discussion, Appendix B.)

10 f. Distribute Student Worksheet #2 for the video "A Letter from Brian". Have students discuss the questions in small groups. (See Teaching Tips on Conducting Cooperative Learning Activities, Appendix B.)

SOCIAL SKILLS ACTIVITY

Resistance Skills

☞ ***Teacher Note:*** *Social Skills are included at each grade level. At grade 6 the social skill is "Saying 'no' assertively." At grade 7 "Resistance Skills" are introduced. "Resistance Skills" are reviewed at grades 8-12 with an emphasis on different steps at each grade level. At this grade level suggesting alternatives for showing love is emphasized. The Social Skills Activity will increase the length of the lesson; however, we urge you to include it due to the importance of the subject matter.*

ACTIVITY:

It is important for students to be goal-oriented and have a mental picture of their future. Tell students that HIV changes the course of people's lives. A student who becomes infected with HIV in high school will experience many life changes. Distribute the Class Reunion activity sheet. Allow 5-10 minutes for students to complete it individually. Elicit answers to questions and discuss as time permits. List responses to question numbers 10 and 11 on the board.

Class Reunion

1. What kind of car do you drive?
2. Did you have additional schooling after graduation? If yes, in what and where?
3. What job/career do you have?
4. What is your yearly income?
5. Are you married? If so, what's your spouse like?
6. Do you have children? If so, how many?
7. Describe what you look like.
8. Where do you live?
9. After the reunion is over, what do you hope people will remember most about you?
10. How would your life be different if you had become infected with HIV in high school?
11. What can you do now to make sure you don't become HIV infected?

Abstaining from sexual intercourse and saying "no" to IV drug use are the most effective ways to prevent HIV transmission. Refusal skills can assist students in saying no.

List the following steps on the board. Review the steps with the students, elaborating with the tips listed below.

Resistance Skills

Steps	Tips
1. Stop.	1. Don't proceed in the risky situation. It may get worse.
2. Calm yourself.	2. It's difficult to make intelligent decisions under highly emotional conditions, so **relax**.
3. Think about the consequences.	3. Before the risky situation progresses, think about the potential consequences of having sexual intercourse and using IV drugs. You have listed how the ways of becoming infected with HIV would affect your life. You may refer to this list while you're practicing Resistance Skills.
4. Say NO and mean it!	4. Be aware that there are many other words you can use to say NO, such as "I don't want to" or "I don't

	feel like it." Words are not always enough; you should make eye contact, use a firm tone of voice, and use body language to reinforce your no message.
5. State why (if appropriate).	5. Sometimes a brief explanation helps get your message across. Don't argue, apologize, or negotiate. You have a right to abstain from sexual intercourse and drug use. You have listed the ways your life would be different if you were infected with HIV. Use these consequences as reasons when you state why while practicing Resistance Skills.
6. Suggest alternatives (if appropriate).	6. Instead of staying in the risky situation, suggest other activities you could do. For example, going to your boyfriend's/girlfriend's house when his or her parents are not home can lead to a risky situation. As an alternative, ask your boyfriend/girlfriend to come over to your house (if your parents are home) and watch television or play a video game.
7. Leave the situation (if appropriate).	7. It's best if you can recognize situations that are potentially unsafe or uncomfortable ahead of time so that you can avoid them. But if you find yourself in a risky situation, use the **Resistance Skills** and then walk away if possible.

ACTIVITY:

Ask the class to think of tough pressure situations that they could face now or in the future. Write them on the board. End each situation with a pressure line such as: "Come on, everybody's doing it" or "If you loved me, you would." Use one of the examples to model resistance skills. Divide class into groups of three. Have one student read and apply the pressure as described in a situation

written on the board. The second student uses the Resistance Skills. The third student observes and helps student #2 with the skill. After five minutes instruct the students to rotate roles. Repeat once more so all students have an opportunity to use the skill. The list of consequences on the board will be helpful in step 3 of Resistance Skills.

CLOSURE:

Minutes

10 a. Summarize the lesson.

HIV can be transmitted by:

- Blood through shared needles, from infected mother to her unborn child, and rarely from the blood supply.
- Semen and/or vaginal secretions transferred during sexual intercourse (anal, vaginal, or oral).
- Mothers who are HIV infected can transmit it to newborn babies in breast milk.

Prevent the spread of HIV by:

- Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
- Not sharing needles.

Resistance skills can be used to say no effectively.

Knowing how HIV is transmitted from one person to another can change decisions about:

- Sexual relationships
- Drug use
- Being tested for HIV
- Donating blood and getting blood transfusions
- Having children
- Being supportive to people who are infected

Knowing that HIV can only be transmitted by sexual intercourse with an infected person and sharing blood with an infected person makes those decisions easier.

3 b. Have students complete the final statement on the Student Worksheet:

"I can choose to prevent or reduce the risk of infection with HIV by . . ."

10 **Post-Test:** Administer

Post-Test Answers

1. a	6. a	11. e
2. a	7. a	12. b
3. a	8. a	13. d
4. a	9. a	
5. a	10. a	

☞ ***Teacher Note:*** *Please review all correct answers with students.*

ADDITIONAL ACTIVITY:

Invite a person with AIDS (PWA) to talk to class.

☞ ***Teacher Note:*** *Be sure to check school district policy before issuing an invitation.*

STUDENT WORKSHEET #1

TWELFTH GRADE

1. How can HIV be transmitted?

2. How can a person keep from becoming HIV infected?

3. If you tested positive for HIV antibodies, how would it change your life?

4. Explain the HIV spectrum.

5. How can you help people who are HIV infected?

6. I can choose to prevent or reduce the risk of infection from HIV by:

STUDENT WORKSHEET #1

TWELFTH GRADE TEACHER KEY

1. How can HIV be transmitted?

   HIV is transmitted in the same manner as some of the other Sexually Transmitted Diseases (STDs).

   A person can be exposed to HIV by:

   - Having sexual intercourse (anal, vaginal, or oral) with an infected person,
   - Sharing needles with an infected person to inject drugs, vitamins, or medications; getting tattoos; receiving acupuncture treatments; piercing ears; and performing blood rituals, or
   - Being born to an infected mother or receiving breast milk from an infected mother.

   Some people have become HIV infected as a result of **receiving** infected blood or blood products. Since May 1985, donated blood has been screened to determine whether it has been contaminated. However, since the screening only detects the presence of the antibodies and not the virus itself, some **infected** blood will still be entering the donated blood supply. Therefore, for elective surgery, the best option is to donate your own blood ahead of time in case there is a need for a transfusion. For additional information, contact your local chapter of the American Red Cross.

2. How can a person keep from becoming HIV infected?

   - In exactly the same way a person keeps from being infected with other Sexually Transmitted Diseases (STDs).
   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Wearing latex gloves when handling blood of all people at home, school, work, and play.

3. If you tested positive for HIV antibodies, how would it change your life?

   It would change my sexual relationships (if sexually active), my drug behavior (if a drug user), my caution when injured, my life expectancy, and my decision to be come a parent.

STUDENT WORKSHEET #1 TWELFTH GRADE TEACHER KEY (continued)

4. Explain the HIV spectrum.

   The HIV spectrum begins at the time of infection, continuing on through HIV positive with no symptoms, to symptoms, to AIDS, and to death.

5. How can you help people who are HIV infected?

   - Provide love, support, and continued friendship.
   - Take reasonable precautions with their blood, semen, or vaginal secretions without degrading them as people.
   - Do not exclude them from social gatherings.
   - Treat them fairly (do not discriminate against them) at home, in school, at work, or in the community.

6. I can choose to prevent or reduce the risk of infection from HIV by:

   - Abstaining from sexual intercourse (anal, vaginal, and oral). This is the only 100% protection from the sexual transmission of HIV.
   - Abstaining from alcohol and other drugs to avoid making risky decisions about sex and not using drugs taken with needles.
   - Taking precautions (wearing latex gloves) when handling blood of all people at home, school, work, and play.

STUDENT WORKSHEET #2

TWELFTH GRADE

For use with the video, "A Letter from Brian." Discuss the following questions in small groups:

1. What are Scott's and Beth's choices about their relationship?

2. Should Beth be tested for HIV antibodies? Should Scott be tested?

3. What if Beth had been tested and the test were positive for HIV antibodies? How would the test results change her choices about:

   - Sexual relationships
   - Using drugs
   - Donating blood
   - Having children

4. If a student at this high school wanted to be tested, where would he/she go?

5. Did Beth visit Brian before he died? What are the arguments for and against visiting a person with AIDS?

STUDENT WORKSHEET #2

TWELFTH GRADE TEACHER KEY

For use with the video, "A Letter from Brian." Discuss the following questions in small groups:

1. What are Scott's and Beth's choices about their relationship?
    - Pretend nothing's changed.
    - Abstain from sexual intercourse and IV drug use.
2. Should Beth be tested for HIV antibodies? Should Scott be tested?
    - Discuss all ramifications and possible scenarios.
3. What if Beth had been tested and the test were positive for HIV antibodies? How would the test results change her choices about:
    - Sexual relationships—She would be infectious and could infect sexual partner(s) with HIV.
    - Using drugs—If she shared IV needles, she could infect others with HIV.
    - Donating blood—She would be infectious and should not donate blood.
    - Having children—She could pass on the HIV infection to her unborn child.
    - Other—She should avoid exposure to infection because her immune system would be suppressed.
4. If a student at this high school wanted to be tested, where would he/she go?
    - County Department of Health Services
    - Private physician
    - Community clinic

STUDENT WORKSHEET #2 TWELFTH GRADE TEACHER KEY (continued)

5. Did Beth visit Brian before he died? What are the arguments for and against visiting a person with AIDS?

   - No, she didn't visit Brian.
   - As long as there is no sharing of IV needles, receiving blood from the person in a transfusion, or having sexual intercourse with the person, there is no risk of HIV transmission.
   - Supportive behavior to the infected person is safe.

STUDENT WORKSHEET #3

TWELFTH GRADE

CLASS REUNION

Directions:

Pretend it has been 10 years since your high school graduation. Please consider the following:

1. What kind of car do you drive?

2. Did you have additional schooling after graduation? If yes, in what and where?

3. What job/career do you have?

4. What is your yearly income?

5. Are you married? If so, what's your spouse like?

6. Do you have children? If so, how many?

7. Describe what you look like.

8. Where do you live?

9. After the reunion is over, what do you hope people will remember most about you?

10. How would your life be different if you had become HIV infected in high school?

11. What can you do now to make sure you don't become HIV infected?

AIDS EDUCATION PRE/POST-TEST

TWELFTH GRADE

Can a person become HIV infected by. . .

1. Sharing needles or syringes used to inject (shoot up) drugs?

   a. YES b. NO c. NOT SURE

2. Having sexual intercourse?

   a. YES b. NO c. NOT SURE

Decide whether these statements are true.

3. You can protect yourself from becoming HIV infected.

   a. YES b. NO c. NOT SURE

4. A pregnant woman who is HIV infected can infect her unborn baby with the virus.

   a. YES b. NO c. NOT SURE

Can people reduce their chances of becoming infected with HIV by . .

5. Not having any kind of sexual intercourse (being abstinent)?

   a. YES b. NO c. NOT SURE

6. Wearing latex gloves when working with infected blood?

   a. YES b. NO c. NOT SURE

7. Not using needles or syringes to inject drugs?

   a. YES b. NO c. NOT SURE

8. Not using alcohol and other non-injecting drugs?

   a. YES b. NO c. NOT SURE

9. Do you know where to get tested to see if you are HIV infected?

   a. YES b. NO c. NOT SURE

AIDS EDUCATION PRE/POST-TEST TWELFTH GRADE (continued)

10. Would you be willing to be in a class with a student with HIV infection?

    a. YES b. NO c. NOT SURE

11. Being tested for HIV antibodies can help with decisions about:

    a. SEXUAL RELATIONSHIPS

    b. USING DRUGS

    c. DONATING BLOOD

    d. HAVING CHILDREN

    e. ALL OF THE ABOVE

12. The first three steps in Resistance Skills are:

    a. 1) STOP
       2) SAY NO AND MEAN IT
       3) SUGGEST AN ALTERNATIVE

    b. 1) STOP
       2) CALM YOURSELF
       3) THINK ABOUT THE CONSEQUENCES

    c. NONE OF THE ABOVE

13. An exclusive monogamous relationship as in marriage can:

    a. REDUCE THE RISK OF SEXUALLY TRANSMITTED DISEASES.

    b. REDUCE THE RISK OF HIV INFECTION.

    c. INCREASE THE OPPORTUNITY FOR EFFECTIVE COMMUNICATION.

    d. ALL OF THESE

VI. APPENDICES

GLOSSARY OF TERMS

The following terms are described in language that would be understandable for children in grades K through 3.

AIDS	A disease that is hard to catch, usually found in adults.
communicable	Contagious; can be spread from one person to another.
contagious	Can be spread easily.
disease	A sickness or illness.
germ	A tiny living thing seen only with a microscope that may cause disease.
HIV	The germ that causes AIDS.
microscope	A tool used for seeing things that cannot be seen with the eyes alone.
noncommunicable	Not contagious; cannot be spread from one person to another.
prevent	To stop or keep from happening.
risk	Something that involves the chance of danger or harm.
unique	Something that is special or different from others; one of a kind.

GLOSSARY OF TERMS

The following terms are in language that would be understandable for children in grades 4 through 6.

acquired	Received or have.
AIDS	Acquired Immune Deficiency Syndrome—a disease that destroys the immune system in a person.
antibody	A part of the blood that helps kill germs.
casual contact	Normal everyday interaction with other persons, including hugging, kissing, or sharing eating utensils or towels.
deficiency	A lack of something.
donate	To give something without asking for anything in return.
epidemic	Wide and rapid spread of a disease.
hemophilia	A disease in which the blood does not clot as it should.
HIV	Human Immunodeficiency Virus which causes AIDS.
immune	Protected against a disease.
immune system	The body's system to fight off infection through infection-fighting cells.
Kaposi's sarcoma	A rare form of cancer.
pneumonia	A disease of the lungs.
risky	Dangerous.
syndrome	A sign of a disease.
T-cell	A white blood cell that helps to detect and get rid of disease.
transmit	To send from one person to another.
virus	A tiny germ that can grow and multiply only in living cells.

GLOSSARY OF TERMS

Teacher Guide

abstinence	Refraining from sexual intercourse and intravenous drug use.
Acquired Immune Deficiency Syndrome	A disease caused by the HIV virus which breaks down the body's immune system, making it vulnerable to opportunistic diseases.
adolescence	The period between childhood and adulthood.
AIDS	The initials for the disease "Acquired Immune Deficiency Syndrome."
AIDS Related Complex	A condition caused by the HIV in which an individual tests positive for HIV and has a specific set of clinical symptoms that are often less severe than those of AIDS.
antibodies	Substances in the blood produced by the body's immune system to fight against invading organisms.
antigen	A substance that stimulates the production of antibodies.
ARC	The initials for "AIDS Related Complex."
asymptomatic	No apparent symptoms of illness even though the individual tests positive for HIV.
bisexual	A person who has sexual preference for both males and females.
blood transfer	The act of transmitting blood from one individual to another. In pregnancy, it would occur between the mother and unborn baby through maternal/fetal circulation.
carrier	A person who harbors a specific infectious agent, in the absence of clinical disease, and serves as a potential source of infection.
casual contact	The usual daily interaction between people at work, in school, or in social situations.

communicable disease	A disease which may be transmitted directly or indirectly from one person to another. Such diseases may be caused by bacteria, viruses, or other organisms or their toxic products.
condom	Also referred to as a "rubber." A sheath used to cover the penis and prevent the exchange of body fluids during sexual activity.
contaminated needle/works	A needle or works that has been used, with infected blood or blood particles left on the needle/works to be passed on to the next user.
droplet spray	Organisms that are projected in droplets of water when an infected person coughs or sneezes and are received in the eyes, nose, or mouth of a nearby person.
ELISA	The initials for "Enzyme-linked Immunosorbent Assay."
Enzyme-linked Immunosorbent Assay	A test used in screening blood to determine the presence of HIV antibodies.
epidemic	An increased occurrence of a disease in excess of what is expected.
epidemiology	Branch of medical science which investigates the cause of epidemics and determines methods to control them.
fetus	Unborn baby developing in the uterus after the end of the second month of pregnancy. Before eight weeks it is called an embryo.
genitals	The external reproductive organs.
hemophilia	A hereditary clotting disorder characterized by excessive, sometimes spontaneous, bleeding.
heterosexual	A person who has sexual preference for a person of the opposite sex.
HIV	Initials for "Human Immunodeficiency Virus."
HIV antibody test	A test used to detect antibodies against HIV in blood samples. This test does not detect AIDS but rather the virus that can cause AIDS.

homosexual	A person who has sexual preference for a person of the same sex.
host	Any person in whom an infectious agent can live and multiply.
Human Immunodeficiency Virus	The virus that causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.
illegal drugs	Drugs that are not obtained through legal means or for legitimate medical purposes.
immune system	A body system that helps fight off invading organisms and disease.
immunization	A method of producing resistance to an infectious disease, usually by vaccination or inoculation.
incubation period	The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.
infected partner	Individual in a sexual relationship who is carrying HIV in his or her body.
infectious agent	An organism (virus, bacterium, etc.) that is capable of producing infection or infectious disease.
infectious disease	Disease caused by a pathogen and passed from one person to another.
intravenous drugs	Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.
Kaposi's sarcoma	A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps.
KS	Initials for "Kaposi's sarcoma."

lymphocyte	A type of white blood cell that is produced in the bone marrow. Some of these cells migrate to the thymus, where they develop as T-cells. Other lymphocytes that mature in the bone marrow or in organs other than the thymus are called B-cells. The B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people about 60 percent of circulating lymphocytes are helper T-cells. With HIV, only about two percent of the lymphocytes are helper T-cells. With fewer helper T-cells, the body is unable to recognize and attack invading organisms.
noncommunicable disease	A disease that is NOT transmitted from person to person.
opportunistic infection	An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.
organism	Any living thing, such as a virus, a bacterium, etc.
pathogen	An organism that causes disease.
PCP	The initials for "Pneumocystis carinii pneumonia."
pneumocystis carinii pneumonia	The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, Pneumocystis carinii.
pregnancy	The condition of having a developing embryo or fetus in the body.
PWA	Abbreviation used for People With AIDS.
risk behavior	An activity that makes a person more susceptible or more likely to be exposed to HIV.
screened blood	Blood that has been tested for HIV antibody.
semen	The fluid that is expelled from the penis during sexual activity.
spectrum	A range of factors associated with HIV infection or a range of outcomes.
susceptible host	A person not possessing sufficient resistance against a particular organism to prevent contracting the infection when exposed to the organism.

T-cells	A class of lymphocytes that play a major role in carrying out the activities of immune system. Some T-cells are called "helper T-cells."
transfusion	The process used to replace blood or blood products.
transmission	The passing of infectious agents from one person to another.
virus	A microscopic organism that can cause infections.
Western Blot	A test used to identify the presence of HIV.

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

EARLY ELEMENTARY

When answering young children's questions regarding AIDS or HIV infection, it is helpful to associate this new information with concepts or experiences they are already familiar with. Rosmarie Hausherr, in her book, Children and the AIDS Virus, describes how our body's immune system fights the common cold virus. Then she discusses the virus that causes AIDS, the human immunodeficiency virus (or HIV), and in simple terms, explains how it is spread. She also introduces two children who have AIDS, five-year-old Jonathon and ten-year-old Celeste. Both children attend public schools and enjoy normal activities with healthy children. The reassuring text and appealing photographs will make HIV education enjoyable for both teachers and students alike. This is the best resource we have found for young audiences, grades K-5. Refer to the Resource Sections for ordering information. It is inexpensive and well worth the $15.00 price!

WHAT IS THE HIV EPIDEMIC?

1. **How many people have AIDS?**

   Infection with the human immunodeficiency virus has caused a "global epidemic," known as a pandemic. Since AIDS only refers to individuals experiencing signs and symptoms of illness, it is also important to know how many people may be HIV-infected. The World Health Organization (WHO) estimates that approximately 13 million people are infected worldwide. One out of ten of these people live in the United States. As of September 1992, 220,00 people in the United States had been diagnosed with AIDS, with approximately 1 million to 1 1/2 million people infected. As of this same date, Arizona has 1,826 persons who have been diagnosed with AIDS, with an estimated 15–20 thousand persons HIV-infected..

2. **Are any of these people children?**

   Yes. So far 90 young people nineteen years of age or younger have tested positive for HIV. Over 30 children are under the age of thirteen. Nationally, 3,692 children under the age of 13 have AIDS and approximately 10,000 children are believed to be infected.

3. Wasn't AIDS caused by homosexuals?

No. HIV disease has affected many homosexual men in the United States, but this is the result of the epidemic, not the cause. In some countries, HIV infection affects equal proportions of men and women. In the United States, sexual intercourse with an infected partner is the most common route of transmission, with anal intercourse the most dangerous type, regardless of whether the receptive partner is male or female.

4. Have any women in the United States become infected?

Yes. Women constitute the fastest growing group of persons with AIDS. As of September 30, 1990 there were 14,452 reported cases of adolescent and adult women with AIDS, representing a 49% increase from the previous year. Twenty-three thousand AIDS cases have been reported nationwide as of July 1992. In New York City, AIDS is the leading cause of death of women between the ages of 25-34. Because of the long latency period between HIV infection and the onset of symptoms, most were likely infected with HIV as adolescents.

5. Where did AIDS come from?

No one knows for sure, but there are many interesting theories. Most researchers agree that it has probably been around for a long time and simply mutated into what we know it as today.

6. I heard AIDS started in Africa with monkeys.

In the early days of the epidemic, there was a theory that perhaps humans became infected after being bitten by or possibly having eaten a breed of monkey known as the Green Monkey, which carries a virus similar to HIV. They were never able to prove this conclusively.

We do know that Africa has been devastated by the spread of AIDS. The primary reasons for this are: extreme poverty and little or no access to health care; lack of medical supplies or equipment which necessitates the reuse of needles without the benefit of sterilization in clinics and hospital settings; women prostituting themselves for food and shelter; and no test of the countries' blood supply.

7. Who is most likely to get AIDS?

The important point to keep in mind is that HIV is primarily spread through unprotected sexual intercourse and the sharing of unsterilized needles used to "shoot" IV drugs. Avoiding these behaviors can prevent the spread of HIV disease. Unfortunately, HIV has also been transmitted to infants born to infected mothers and to individuals who received blood transfusions or blood-clotting concentrates prior to 1985. Since 1985, we have been able to test the blood used for transfusions and dispose of infected units. This procedure has greatly increased the safety of our blood supply. As an added safeguard, people who are scheduled to have elective surgery can donate their own blood prior to the procedure.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

WHAT IS AIDS?

What causes AIDS?

AIDS is the end result of an infection caused by the human immunodeficiency virus, or HIV.

How does HIV differ from cold or flu viruses?

One major difference is that HIV cannot be transmitted by casual contact (everyday contact in the home, school, or workplace). Some viruses, such as those that cause colds or flu, can be passed through casual contact, such as sneezing, coughing, or sharing eating utensils. There are no known cases of HIV that have been transmitted by such means. Of course, the diseases these viruses cause also are very different. These differences stem from the biology of each virus.

How is HIV infection like other sexually transmitted diseases (STDs)? How is it different from other STDs?

HIV infection is an STD, meaning that the virus that causes the disease can be passed from an infected person to an uninfected person during anal or vaginal intercourse, or oral sex. HIV is found in greatest concentration in semen, vaginal fluid, and blood. If one person is infected with HIV, the virus may be passed in these fluids during sexual intercourse.

Like other STDs, HIV infection can be prevented by abstaining from sexual intercourse or by having a monogamous relationship with an uninfected partner. The risk can be reduced by using a latex condom during sexual intercourse. Unlike most other STDs, HIV infection cannot be cured.

I have read about the "unknown risk" group of people with HIV infection. Could they have contracted it through casual contact or mosquito (insect) bites?

No. The "unknowns" are mainly (a) people who die before they can be questioned or are otherwise unavailable for questioning about risk behavior, (b) people who are too ill to provide information about themselves, and (c) people who were misdiagnosed.

Scientists have studied families and neighbors of HIV-infected persons and AIDS patients. No one in these studies has developed HIV infection or AIDS as a result of casual social contact, through sharing households, or via animals or insects.

Can you carry the virus and not develop AIDS?

We do not know. Almost 50 percent of those infected with HIV have developed AIDS within ten years of being infected. More infected persons may develop AIDS over longer periods. In this respect, AIDS is like other diseases. You need to have the virus to get AIDS, but having the virus may not mean that you have to get the disease. One reason we cannot be sure how many of those infected will get the disease is that the virus was discovered in 1981, and it has a long incubation period (the time between infection with HIV and having symptoms of the infection). Most important, we do know that a person with the virus can transmit it to others even if the person does not have symptoms.

What is HIV-2?

HIV-2 is a virus that is closely related to the HIV-1 that causes AIDS in the United States. HIV-2 has been isolated in Africa, and in Africans in Europe and North America. It is transmitted in the same ways as HIV-1, and it causes the same symptoms and illnesses. It can be differentiated from HIV-1 only in special laboratory tests.

WHAT HAPPENS WHEN PEOPLE ARE INFECTED WITH HIV?

How long is the incubation period for AIDS?

The incubation period-the time between infection with HIV and having symptoms of the infection-ranges from a few months (usually in infants) to ten years or more (in adults).

What are the common symptoms of HIV infection?

Many people infected with HIV have no symptoms. As the infection progresses, people may develop persistent symptoms such as swollen lymph glands, severe tiredness, fever, loss of appetite and weight, diarrhea, and night sweats. Although these symptoms may indicate HIV infection, they are also common to many other illnesses. Continuation of the symptoms for more than two weeks in persons who have engaged in high-risk behaviors may indicate an HIV infection. Only a physician can diagnose the condition.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

How does HIV break down the immune system?

HIV kills certain cells of the immune system. These are the white blood cells, which protect a person from disease. Some white blood cells are called *T-cells* and *B-cells*. Some T-cells, called *helper cells*, help the B-cells produce antibodies against invading disease-causing organisms. Other T-cells, called *suppressor cells*, work to stop or suppress the attack against the invading cells once the infection has been controlled. In the person infected with HIV, the suppressor T-cells tend to outnumber the helper-T-cells, because HIV mainly attacks and kills T-helper cells.

How long can a person lead a normal life after developing AIDS?

Different persons who develop AIDS respond differently. Some persons are very ill throughout the course of the condition. Others remain in good physical condition or have alternating periods of health and illness for several years.

Why does a person die from AIDS and how long does it take?

Because their immune system has been weakened, people with HIV who go on to develop AIDS are subject to illnesses that do not usually develop in healthy people. People with AIDS die from these diseases, not usually from HIV infection directly. About 80 percent of people with AIDS have died within three or four years after diagnosis, most commonly from pneumonia. All persons who develop AIDS should be under the care of a physician and have access to drugs that can control the growth of HIV, such as zidovudine (often called azidothymadine or AZT), which was licensed in 1987, and newer, experimental treatments. If treatment is effective, life expectancy of AIDS patients will increase, but they will still have HIV infection, need medicine, and be at high risk for illness and death.

Does anyone ever survive AIDS?

Researchers say that it is too early to provide a sure answer for this question.

Is there an HIV test?

There are blood tests available to determine whether a person has developed antibodies to HIV. The presence of such antibodies means that the individual has been infected with HIV. However, the presence of the antibodies does not mean that the person has or will develop AIDS; some HIV-infected persons have become very ill, while others have not.

Is the HIV antibody test sometimes wrong?

Yes, but this is rare. Even though the test is very accurate, it is not perfect; no test is. The number of errors is minimized by repeating the test and following up with a more specific test before providing the results. Sometimes the test results can be positive when no antibodies are present (termed a *false positive*). Also, on rare occasions, an infected person can test negative (termed a *false negative*). A false negative is usually due to the fact that a person has not had enough time to develop sufficient antibody in their bloodstream in reaction to HIV. This typically takes twelve weeks after exposure.

HOW DO PEOPLE CONTRACT HIV?

How do people contract HIV?

HIV is transmitted during sexual intercourse; by sharing IV drug needles or syringes; by receiving contaminated blood; and from an infected woman to her fetus or infant during pregnancy, childbirth, or breast-feeding.

How contagious is HIV?

Transmission of HIV is limited because the virus does not survive or reproduce outside the human body (for example, in air or water). It is not contagious in the same way that flu, cold, or tuberculosis germs-transmitted through the air-are. HIV is mainly transmitted sexually and through shared IV drug needles or syringes. In comparison with other sexually transmitted diseases, HIV is much less contagious than germs of hepatitis B, herpes, or gonorrhea.

Can you contract HIV from giving blood?

No. There is no risk of HIV infection from donating (giving) blood. There never has been any risk for blood donors, because all the equipment used is new and sterile. The equipment is used only once and is then destroyed.

Can you contract HIV from anal sexual intercourse?

Yes, if your sexual partner is infected with HIV. Anal intercourse is considered the most risky sexual behavior for transmitting HIV.

Can you contract HIV from vaginal sexual intercourse?

Yes. In some countries other than the United States, heterosexual contact is the major mode of transmission, and about as many women as men get infected with HIV.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

Can you contract HIV from oral sex?

Possibly. Because persons who participate in oral sex also engage in other types of intercourse, findings from studies on this subject are inconclusive. It may be possible for HIV to be spread as one person's infected semen, blood, or vaginal secretions enter another person's mouth.

Can you contract HIV from casual contact?

No. "Casual contact" here means nonsexual contact (and not sharing contaminated needles or syringes).

No one should be afraid of contracting HIV by casual, social, or family contact. People can, for example, work with others, attend school and public events, and eat at restaurants without fear of contracting HIV. Similarly, persons caring for another family member who has HIV infection are not at increased risk for contracting the virus. Children attending school with another student infected with HIV are not at risk of becoming infected.

Can you contract HIV from kissing?

HIV is not transmitted through dry kissing, but there is no scientific consensus on the French-kissing question. Although the virus has been found in saliva in very small amounts, there have been no documented cases of transmission through saliva.

The only body fluids known to infect another person are semen, blood, and vaginal secretions. If both people kissing have open sores or cuts in their mouths, it is theoretically possible for one to infect the other with various germs. However, passing HIV this way has not been reported; it is considered a remote possibility for passing HIV. There are no reported cases of family members becoming infected by kissing, hugging, or sharing eating utensils when caring for persons infected with HIV.

Is HIV inherited?

No. HIV is not passed genetically from generation to generation. However, the virus can be transmitted to children from an infected mother during pregnancy, childbirth, or breast-feeding.

Can a man transmit HIV to a woman?

Yes. There have been AIDS cases in women that have resulted from man-to-woman sexual transmission, particularly among women whose partners abuse IV drugs, including steroids. Any woman who participates in vaginal or anal intercourse or oral sex with an infected male is at risk for acquiring HIV.

Can a woman transmit HIV to a man?

Yes. Male sexual partners of infected women have become infected with HIV. In infected women, the vaginal secretions contain HIV.

Can HIV be passed by mosquitoes or other insects?

No. Research does not indicate that insects are capable of transmitting HIV or that they have ever done so. Studies in the United States and Africa, in towns where there have been many AIDS patients and mosquitoes, show that the cases occur only in sexually active adults and in needle-using drug abusers. In these studies, children and senior citizens do not contract HIV, despite living in the same households or neighborhoods and being bitten many times by the same insects. Both laboratory and community research findings confirm lack of transmission by insects.

Can a lesbian contract HIV?

Yes. Lesbians are at risk, as are any persons, if they use illegal intravenous drugs and share needles or syringes. Lesbians are also at risk when one partner is HIV-infected and sexual activity is practiced.

Can prostitutes spread HIV?

Yes. A number of prostitutes have shown evidence of HIV infection. Prostitutes often abuse IV drugs and have many sex partners.

How do children contract HIV?

Most HIV-infected children have contracted HIV from an infected mother during pregnancy or childbirth. A few became infected through blood transfusions with blood they received before 1985.

Appendix B

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

Are married people at risk?

Married, uninfected people who practice sexual fidelity have virtually no risk of acquiring HIV. This holds true unless one partner acquired the virus prior to the marriage or currently abuses IV drugs, shares needles or syringes, and is nonmonogamous. The virus can then be passed sexually to the spouse.

Is it possible to become infected with HIV if you have sexual intercourse just once or twice?

Yes. There is ample scientific evidence that the virus is transmitted through sexual intercourse.

Can you tell if someone has HIV by looking at him or her?

No. You cannot tell from a person's appearance that he or she is infected with HIV. Most people who are infected with HIV are asymptomatic, meaning that they have no signs or symptoms of either HIV infection or AIDS. They look and feel healthy. Most of them do not know they are infected.

If a person is infected with HIV, does that mean he or she cannot ever have sexual intercourse?

It means that sexual intercourse bears with it the risk of transmitting the infection to others. Informed partners who decide mutually to have intercourse should use latex condoms and a spermicide containing an ingredient such as nonoxynol-9 every time they have intercourse, from start to finish.

My mom is a doctor (or a dentist or nurse). Can she become infected with HIV from one of her patients?

Only a few health care workers have contracted HIV on the job, usually as a result of being accidentally stuck with an infected needle. Since HIV cannot be spread by casual contact, health care workers are not in danger, except from "needle sticks" or when handling infected blood. Health care workers should always follow the standard precautions to protect themselves from infection by wearing protective gear such as gloves and by disposing of infectious material carefully.

HOW CAN HIV INFECTION BE PREVENTED?

If there is no cure for HIV infection, what is being done to prevent its spread?

Besides major efforts now aimed at developing treatments and vaccines, educational programs are the primary preventive measures. These programs attempt to give people the information they need to make appropriate decisions about their personal behaviors (involving sexual activity and drugs), to motivate them to practice safe behaviors, and to give them the skills they need to do so (such as knowing when and how to say no, and having the courage to risk loss of friendships, if necessary). Even if we had a medical solution to HIV infection, preventive education would still be considered the best way to control the virus.

What can I do to keep from contracting HIV?

You can reduce your risk of HIV infection by (a) abstaining from sexual intercourse, (b) practicing sexual fidelity with an uninfected partner, (c) using latex condoms and spermicide when engaging in sexual intercourse, and (d) not using intravenous drugs. Those who use IV drugs should never share needles or syringes. People who abuse drugs should go to their doctor or drug-treatment centers for help.

Can using a condom prevent HIV?

Yes. A latex condom, when used properly, can prevent trans-mission of HIV by presenting a barrier to semen or vaginal fluids containing HIV. No other form of contraception provides this protection.

However, condoms are not always effective. All too often latex condoms are used improperly. Usually this means that they are either put on too late or taken off too early. If latex condoms are used, they must be worn throughout sexual contact, and they must be worn during every sexual contact. For maximum effectiveness, a latex condom should be used with a spermicide containing an ingredient such as nonoxynol-9.

Should I get tested for HIV infection?

People need to decide this for themselves. Counseling and testing are good ideas for anyone who has engaged in risky behavior. Before being tested, a person should get counseling to understand what the test results mean. A positive test means a person is infected with HIV and can pass the virus on to other people through unprotected sexual intercourse or the sharing of IV drug needles or syringes-even if the previously infected person feels fine and looks healthy.

A negative test result means that a person is probably not infected with HIV; however, this does not guarantee that the person will never become infected. A person with a negative test result can still acquire HIV if he or she engages in risky behaviors with infected individuals.

Individuals who want to know more about testing for HIV should talk with their doctor or a counselor at a health clinic. It can take from six weeks to three months or more after infection for the antibodies to be detected in the blood. Therefore, if a person is concerned about a situation that may have put him or her at risk of HIV infection, he or she should see a doctor or go to a clinic to discuss HIV prevention and plan a possible schedule for being tested. During that time, the person must abstain from sharing IV drug needles or syringes and having sexual intercourse. If the person decides to engage in any type of sexual intercourse, he or she must use latex condoms and a spermicide with an ingredient such as nonoxynol-9.

HOW CAN HIV INFECTION BE TREATED?

Can HIV infection be cured?

No. Currently there are no drugs available that will destroy HIV or restore the immune system once it is damaged. However, zidovudine (formerly referred to as azidothymadine or AZT) can control the growth of HIV and has prolonged the lives of AIDS patients. Doctors can prescribe zidovudine. Licensed in 1987, zidovudine has severe side effects and is very expensive.

Will there be a cure for HIV infection in the near future?

Even though scientists worldwide are searching for effective treatments, a cure is not expected soon. Although some progress has been made in developing treatments for the "opportunistic diseases" associated with AIDS, many obstacles must be overcome in developing a medicine that can combat HIV and repair the damage HIV can do to the immune system, the brain, or other organs.

What is being done for people who develop HIV infection?

Persons with HIV infection need both medical and social support services to help them cope and live with their condition. Though these types of assistances are increasing, more can and needs to be done. Also, their families need support. Legal efforts are being pursued to protect the rights of people with HIV infection to maintain their jobs, housing, educational opportunities, and medical care.

Is there a vaccine to prevent HIV infection?

No. Although scientists are working to develop vaccines, a solution has not been found.

WHAT SOCIAL ISSUES ARE RAISED BY THE HIV EPIDEMIC?

How should people with HIV infection be treated?

People with HIV infection should have equal access to medical and social services, employment, housing, and educational opportunities. They also need understanding and emotional support from friends and the community.

Should persons with HIV infection or AIDS be banned from public events, schools, and jobs?

No. Since HIV cannot be passed by casual contact, there is no reason that persons with HIV infection or AIDS should be kept from participating in the community.

Should a student with HIV infection or AIDS be allowed in school?

A student who is infected with HIV or has AIDS poses virtually no risk to other students. However, every case should be considered individually, and there may be times when people with AIDS cannot attend school because of their weakened condition or because of illnesses they have.

Should teachers and school cafeteria workers be required to take a test for HIV infection?

No. Since HIV is not spread by casual, nonsexual, everyday contact, neither teachers nor cafeteria workers with HIV infection or AIDS pose any risk for students.

TEACHING TIPS

HOW TO ANSWER STUDENTS' DIFFICULT QUESTIONS ABOUT AIDS

Often the most difficult and frightening part of AIDS education for teachers is not in presenting information but in answering questions about AIDS.

The following section has been developed to prepare teachers to feel confident and comfortable in answering children's questions, particularly those questions that relate to morals and values.

STEPS: HOW TO ANSWER DIFFICULT QUESTIONS

1. **Listen carefully**

   Often when students ask questions about sex, illness, death, or emotional issues, they tend to ask long, convoluted questions. Adults may "tune out" or become embarrassed themselves. During this process, both child and adult can be drawn away from the main issue. Developing good listening skills will help the adult answer the child's question.

2. **Take a deep breath**

   Taking a deep breath serves two functions:

   A) It gives you time to think.
   B) It brings extra oxygen to the muscles, allowing you the chance to relax before answering a difficult question.

3. **Question yourself**

   Ask yourself what question the student is ***really*** asking.

4. **Restate the question**

   If you believe you understand the question, restate the question as you understand before you attempt to answer it.

   If you are unsure about the question, ask the student to restate it. This technique allows the student to clarify the issue in his or her own mind and restate the question in his or her own words.

5. **Answer the restated question**

   Once you understand the question, answer it. Briefly, honestly and directly. DO NOT add related information.

6. **Check the student's comprehension**

   Ask the student to explain to you what they learned or understand from your discussion.

7. **Correct errors or omissions**

8. **Praise the student**

   Students may ask questions that are important or silly. Regardless of the nature of the question, always praise the student for asking the question!

This process may seem awkward at first, but with practice these steps make answering students' questions easier for adults. More important, it allows teachers to present information in a manner that is helpful to the student.

Remember also that teachers should never feel that **they must answer every question**. It is important to acknowledge the importance of the question and praise the child for asking the specific question. However, teachers should not feel that they must be experts on everything or feel compelled to take a moral stand on all issues. Referring students to other resources on specific issues is not only acceptable but also an important teaching technique. By identifying a variety of other resources the teacher helps the students understand that they are not alone, that there are a variety of "helpers" available. Key resource people to mention are parents, clergy, school personnel such as nurses, counselors, social workers, administrators, and community "helpers" or agencies.

PWA TALK

Objectives

Students will develop a sense of understanding, acceptance and compassion for Persons With HIV/AIDS(PWA).

Overview

A person with AIDS shares their experiences living with the disease and answers student questions. Students discuss their reactions in pairs, or in a class discussion. A session with a PWA should not be scheduled until students have a good understanding about HIV.

Time

40 minutes (20 minutes for the speaker, 20 minutes for discussion.)

Materials and preparation

A chair in front of the room, butcher paper, marking pen.

Before selecting a Person With HIV/AIDS to speak to your group, be sure that the person is: articulate, able to respond to personal questions (including knowing how to refuse to answer certain questions), healthy enough to handle speaking before a group, and experienced in speaking before groups about his/her condition. Once you have selected your speaker be sure to provide him/her with information about the type and length of presentation you want as well as information about the intended audience. A teen PWA or someone who believes that their infection with HIV occurred during their teen years is highly desirable when selecting the speaker.

Because many Persons With HIV/AIDS are symptomatic, the person you select may be feeling too ill on the day of the scheduled presentation. Therefore, be prepared to have an alternate activity, such as the Loss Activity (page 182) or show a video featuring a PWA.

Write guided questions for students' discussion on butcher paper.

KEY POINTS

- PWAs are just like everyone else except they are struggling with a difficult disease.
- PWAs deserve our compassion, acceptance and understanding.
- PWAs can aid in presenting information and dispelling myths.

Procedure

1. Introduce the PWA speaker, using his/her preference for how to introduce them. Some PWAs would like to preserve their anonymity by being introduced by first name only.
2. Ask the speaker to present his or her "own story" to the group.
3. Allow students to ask questions of the speaker.
4. After the speaker leaves, assign students in pairs or let them choose a partner to discuss the experience and how it affected them using the following guided questions:
   a) What surprised you most?
   b) What upset you most?
   c) What new information did you learn?
   d) What question(s) would you have liked answered?
5. Pull the whole group back together and ask for comments to summarize this activity.
6. This activity personalizes and humanizes HIV/AIDS. It is an opportunity for students to hear first hand from a person who is living with HIV infection or AIDS. This could be the impetus for building hope and compassion.

Classroom Tips

- Prepare students to write their questions ahead of time. This can be an effective screening device to avert embarrassing questions for the speaker and to help direct the discussion.

- When inviting a Person with HIV/AIDS into the classroom, be sure to follow district or school's policies about outside speakers and about controversial topics. This activity may require advisory committee input and approval. Inform parents and school administrators of the time and day of the presentation. Encourage key parent or administrative representatives to attend.

- You may want to spend some time getting to know the PWA speaker before the actual presentation. This could help you to direct discussion and to develop a personal comfort with your guest. A teen PWA or someone who believes that their infection with HIV occurred during their teen years is highly desirable when selecting the speaker.

- Your PWA speaker may arrive early–be aware that s/he may have limited stamina and you may need to rearrange your agenda to accommodate for the speaker.

- Be ready with alternatives, such as the Loss Activity or a poignant video, such as "Teen AIDS In Focus".

- Be sure that you preview any audio visual that you select as a substitute for the PWA talk. There are many AVs that show how HIV/AIDS has a dramatic impact on people's lives.

THE LOSS EXERCISE

1. Ask your participants to take out a blank sheet of paper, preferably at least 6"x9" steno size, and fold in thirds–as you would a letter. (Demonstrate) Tear paper along fold lines, place strips one behind the other and tear them in half. (Demonstrate)

2. Inform participants that you will be asking them to write some information on each of the pieces of paper. Proceed with the following statements or questions:

   a. Write down the physical feature you like most about yourself. We tend to be so CRITICAL ABOUT OURSELVES! So, for a moment think positively . . . do you have beautiful eyes? Has anyone ever commented on your hair? Do you have a dynamite nose? Write!

   b. Now write down one activity you really enjoy doing. It there's some smirking, just say, good-naturedly, "O.K., Keep it clean!". Suggest things like hiking, sports activities, bike riding (motorized or not!) swimming, etc.

   c. Write down one possession you own that you really value–this needs to be a THING, i.e., skateboard, TV, a bike of some kind, jewelry.

   d. Now this one is tricky. You don't even have to write it on a slip of paper, but when you see that blank sheet, you need to be thinking of something very specific. Think of one thing about you that you really would not like to share with other members of this class. Maybe it's something very embarrassing that happened to you. Maybe it's something very painful and private. It is a secret, that few if any people know.

   e. Finally, write down the name of your best friend. It can also be a relative, but whoever it is, it needs to be someone who is very special in your life.

   f. The sixth piece of paper you can toss!! (or after doing the exercise, participants can come up with another relevant category, which can prove interesting!)

Explain that when a person becomes infected with HIV, and begins to develop symptoms of illness, many things can begin to change in his or her life. Physical features can begin to change. The virus can cause a wasting syndrome leading to dramatic weight loss. Vision can become so impaired that without expensive medication, a person's eyesight can be lost. A rare form of cancer, Kaposi's Sarcoma, can create lesions or numerous purplish marks all over the body, including the face, which cause many people to isolate themselves rather than face the stares of strangers.

The symptoms of AIDS create tremendous fatigue . . . after all the person's immune system is fighting a constant battle against the HIV. So, many activities the person

used to enjoy doing are no longer possible. The person may make the effort to get up and get dressed, and will immediately need to rest for an extended period of time.

The cost of maintaining one's health once a person is infected with HIV is astronomical. Now that drugs such as AZT and DDI are used as preventatives–drugs which can slow down the replication of the virus, but not eliminate it, a person can live longer, but may lose everything they own in the process. Special food supplements can cost $200.00 a day, AZT as much as $800.00 a month, and regular treatment with aerosolized pentamidine, and additional $200–$300.00 per visit. Patients are often so young that they have not worked long enough to receive more than $400.00 a month in social security benefits. Items that you hold dear are usually sold to pay for medications or hospital bills.

Perhaps the toughest part of acquiring HIV infection is that it may be sexually transmitted or acquired due to intravenous drug abuse. Having to admit these behaviors to family and friends can be extremely difficult. Perhaps your family did not know you were sexually active. Perhaps it means telling a family member that your sexual orientation is different from their own. Such "secrets" have unfortunately been known to break up families or cause the loss of close long-term friendships. What would happen if YOUR secret were public knowledge? How would you feel? Do you think your closest friend(s) would remain friends?

Well, the good news is, you don't ever have to find out. Your secret is safe. Your friendship is still intact. That possession you love is still there and you can still enjoy the activities you love. Your body is not ravaged by a virus for which there is no cure. You are in control. HIV is extremely hard to "get" unless you put yourself in harm's way. Take care.

Mr. Daniels

ACTIVITY SHEET

Mr. Daniels is a popular teacher in your school. He became ill last May and was absent from school for a few weeks. When he returned to school he looked thin and tired, but was back to teaching his classes. Because he is well known at school, his absence was noticed by many of the students. Everyone has asked him what was wrong and he told them that he has AIDS.

A. Do you think Mr. Daniels should be allowed to continue teaching? Identify the reasons for your answer.

B. How would you feel if he were one of your teachers?

C. How do you think the other students in your school would react to this situation?

D. Should any special provisions be made for Mr. Daniels? Should he be allowed to eat in the cafeteria with the students, use the swimming pool, go on field trips, and so on?

E. Suppose Mr. Daniels had become ill during the summer but by the time school started in the fall he was better and able to teach. Should he have told anyone he has AIDS? If he didn't tell people, would that have been okay?

F. Some parents find out Mr. Daniels has AIDS. They call a special meeting with the principal and insist that Mr. Daniels be asked to resign. What do you think about this? What do you think you would do if you were the principal?

G. You are a student in Mr. Daniels' class. Your parent insists you be transferred to another classroom. How would you handle the situation?

H. What if Mr. Daniels had another disease, such a cancer? Should he be advised to keep his regular teaching schedule? What makes AIDS so different?

I What could you do for Mr. Daniels when he is no longer able to be at school?

TALKING ABOUT SEXUALITY IN CLASSROOMS

Effective teaching about AIDS requires frank talk about sexuality. Although the usual techniques of good teaching do not change, a few guidelines can help any teacher when talking about sexuality in any class at any grade level.

1. Personal boundaries need to be respected. Students should not be asked to disclose opinions about sexuality if they do not wish to do so. Neither teachers nor students are expected to reveal personal experiences in these classes.

2. Each person has his or her own personal values about sexuality, and these will not be the same for everyone in the class. Differences are acknowledged and accepted. People are not put down for their values.

3. In discussions, it is necessary to clarify the difference between statement of fact ("It is true that . . .") and personal opinion ("I believe that . . ."). The teacher may occasionally need to assist students with such clarifications.

4. Establish confidentiality rules for the class. This means that personal opinions, values and experiences shared in the class are not discussed with others outside of the class. The teacher is also expected to maintain confidentiality, except in an instance where something illegal or dangerous (such as sexual abuse) is disclosed in class.

5. Anyone, including the teacher, may be embarrassed by questions or discussions about certain aspects of sexuality. This is normal, expected and acceptable.

6. Any question is reasonable. The teacher will not know all the answers. The teacher and class together can figure out how to respond to unanswered questions.

7. If any students have complaints about the topic, the method of teaching, or other aspects of the class, they are encouraged to discuss them directly with the teacher.

8. Not all young people participate in sexual relations. A recent study in California indicates that about 1/2 of high school students choose abstinence, which is a safe and healthy choice. It is a choice which needs to be honored and encouraged. However, many students are sexually active. Present information about AIDS so that there are messages for both sexually active and sexually abstinent students that will prevent infection with the HIV/AIDS virus.

Adapted from: Marcia Quackenbush and Pamela Sargent. ***Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome.*** Rev. ed. Santa Cruz, CA: Network Publications, 1988.

GUIDELINES FOR CONDUCTING COOPERATIVE LEARNING ACTIVITIES

Group Size: Groups of 2, 3, or 4 appear to work the best. Groups can be selected according to prescribed criteria or chosen at random.

- **Criteria choices**: Form groups that mix student abilities. Mix ethnic backgrounds, personalities, and sexes. Remember that the hidden purpose of forming your students into cooperative learning groups is the improvement in social behaviors that will often result.

- **Random choices**: Number students off at random to form groups. Playing cards dealt out at random achieves the same purpose. Cut different lengths of paper and distribute at random. Students have to find others with the same length of paper and form groups.

Individual and Group Accountability: Label group members a, b, c, d. Assign the original group only a portion of the overall task (group one answers only questions 1-3 of a handout, group two answers questions 4-6, etc). Then have all a's gather, all b's, etc. These groups discuss answers to all questions.

Roles of Group Members: Here are some roles that students could perform. Role assignments should rotate so students can have the opportunity to experience different responsibilities.

- **Reader**: Reads the question(s) to the other members of the group.
- **Recorder**: Records answers of the group. Also helps to keep the group on its task and time line.
- **Reporter**: Reports the group progress to the rest of the class.
- **Praiser**: Praises the group for its hard work. Looks for things to praise in the group . . . sharing, listening, cooperating.
- **Observer**: Works with the teacher to observe the behaviors the teacher wants the groups to exhibit. Often not part of any group that day.
- **Checker**: Monitors the emotional level of the group and conducts an "attitude check."

Academic and social skills to encourage in cooperative learning:

- **Academic skills** - Asking questions, following directions, staying in own area, staying on task, paraphrasing, giving opinions, summarizing, reporting accurately, separating information from opinions.

- **Social skills** - Encouraging, sharing ideas and feelings, looking others in the eye, inviting others to talk, disagreeing in an acceptable way, maintaining calm attitude, listening actively.

The teacher should:

- Point out the good academic and social behaviors, not the bad.
- Clearly state what the students are to do and the time frame in which they should complete the task.
- Let students know what is expected of the entire group.
- Observe and monitor carefully.
- Take time to let the students know how the groups behaved in relation to the behavior expected. Always focus on the positive.

Adapted from: Thomas Camille, Holt Education Consultant. ***Ideas for Learning Cooperatively.***

LEADING AN OPEN-ENDED DISCUSSION

Using an open-ended discussion format is recommended for teaching about AIDS. The sensitivity of the subject matter requires that students feel free to ask questions and participate in class discussions. The following procedures should be used when leading an open-ended discussion:

1. **State the ground rules.**

   For AIDS prevention classes, these can include respecting personal and family values, respecting privacy and confidentiality, and providing ways for students to ask questions anonymously.

2. **Set the focus for the discussion.**

   Each lesson has a clearly stated focus which should be communicated to the students at the beginning of the discussion. Keep the students focused on the topics that will accomplish the objectives of each lesson.

3. **Acknowledge student contributions.**

   Allow all students to contribute to the discussion who wish to do so. React to their comments in a nonjudgmental manner. If a student's contribution is not appropriate classroom behavior when discussing any topic, be consistent with established discipline, however.

4. **Clarify student responses.**

   Without changing the students' intended meaning, reword their answers to redirect the focus of the discussion.

5. **Summarize the discussion.**

   Repeat the major points that have been brought out and relate them to the objectives of the lesson.

AIDS
IS PREVENTABLE

Human Immunodeficiency Virus (HIV)

Human Immunodeficiency Virus (HIV)

HUMAN

affecting people, not animals

IMMUNODEFICIENCY

the immune system is not protecting the body against unusual diseases or infections

VIRUS

a microscopic organism that can cause infections

AIDS
IS PREVENTABLE

Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome (AIDS)

ACQUIRED

not inherited:
not a result of illness

IMMUNE DEFICIENCY

the immune system is not protecting the body against unusual diseases or infections

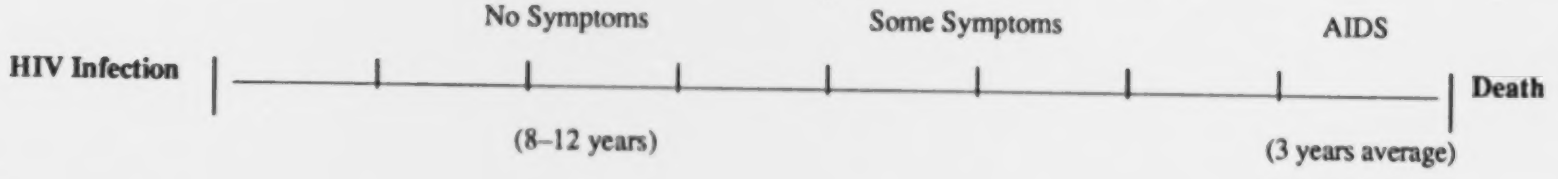
SYNDROME

a variety of specific diseases occur

Appendix B

AIDS
IS PREVENTABLE

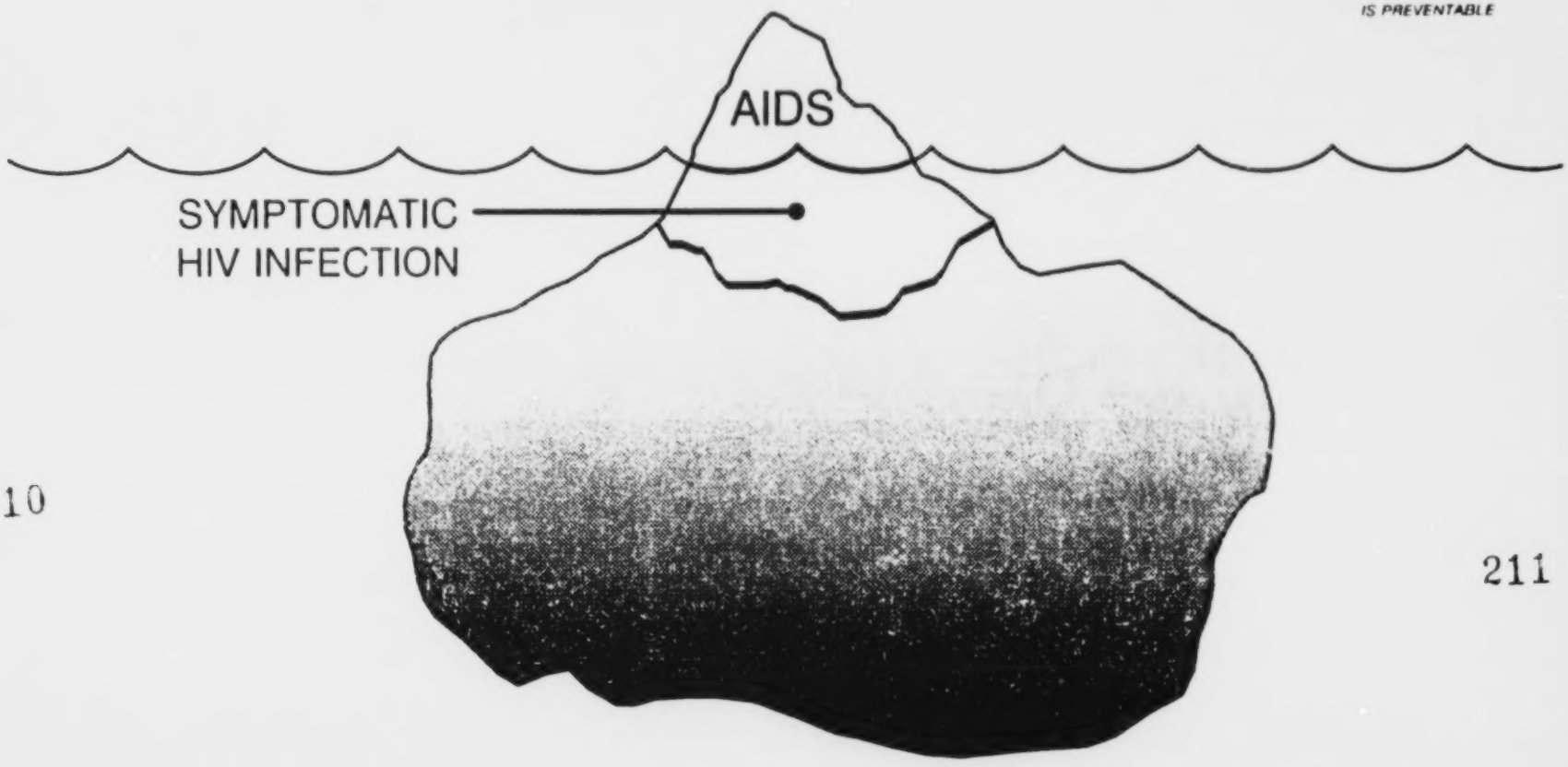
HIV SPECTRUM



191a

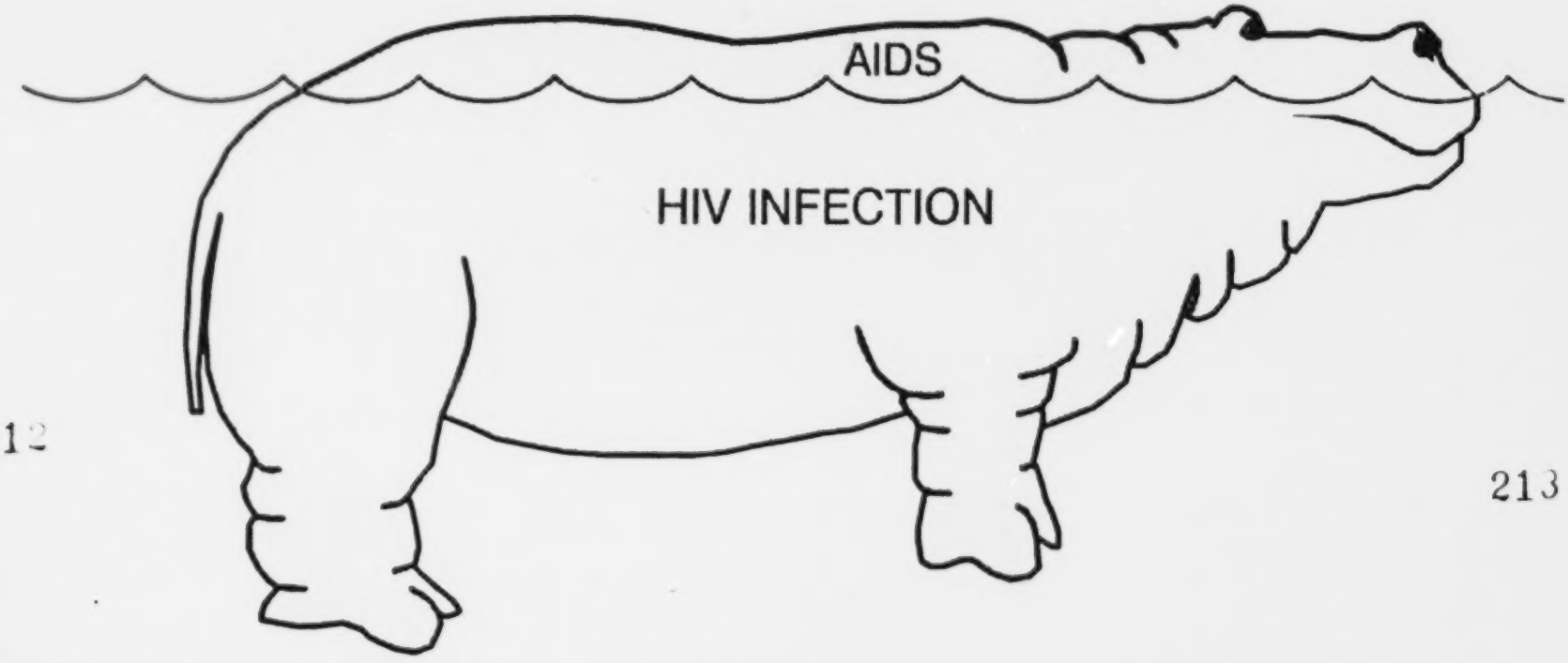
THE ICEBERG

AIDS
IS PREVENTABLE



THE HIPPOPOTAMUS

AIDS
IS PREVENTABLE



Concept by Lester Wright, M.D. and his Malawian friends

Oregon H[illegible] Division® 1989

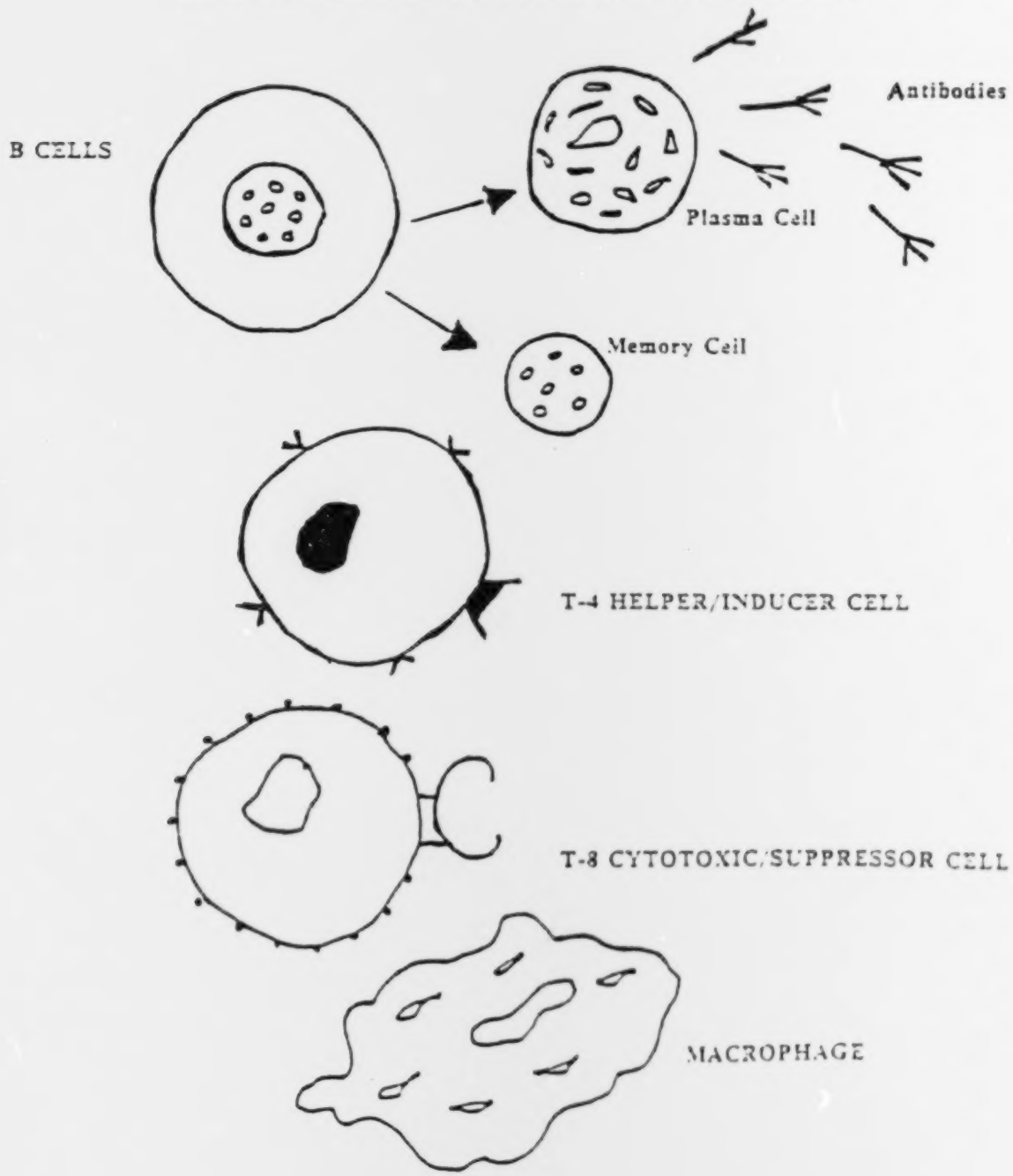
WHAT IS AN ANTIBODY?

ANTIBODIES ARE SUBSTANCES (PROTEINS) MADE IN THE BLOOD TO FIGHT HARMFUL ORGANISMS–LIKE VIRUSES AND BACTERIA–THAT ENTER THE BODY.

ANTIBODIES ATTACH TO THE "ENEMY" ORGANISM AND DESTROY IT.

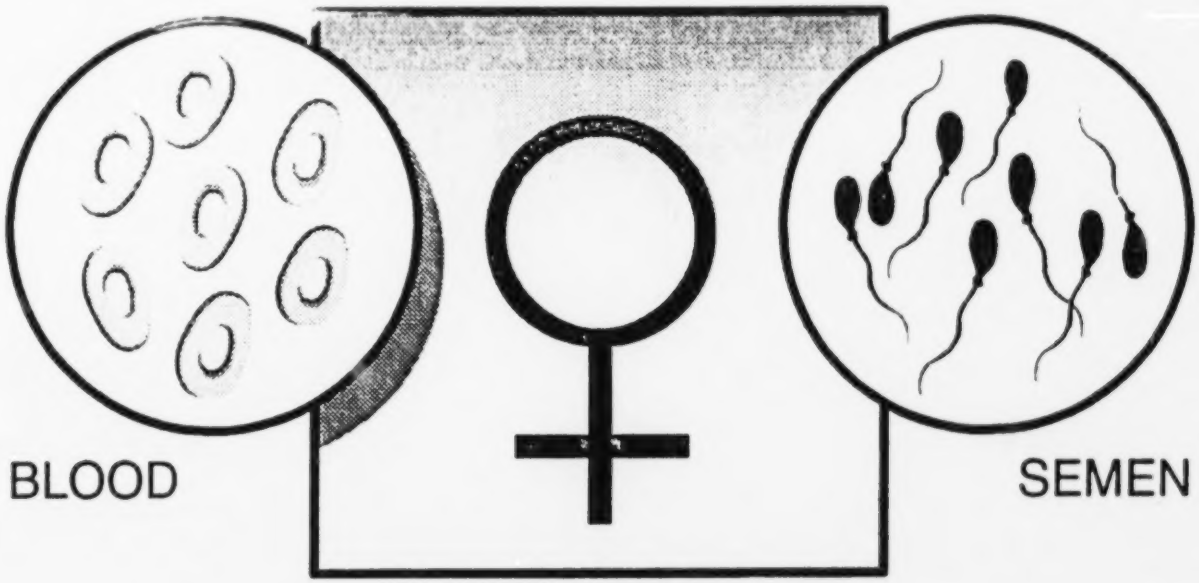
WHEN A PERSON HAS THE HUMAN IMMUNODEFICIENCY VIRUS, THE BODY CAN'T MAKE ENOUGH ANTIBODIES TO DESTROY THE VIRUS.

MAJOR ACTORS IN THE IMMUNE SYSTEM



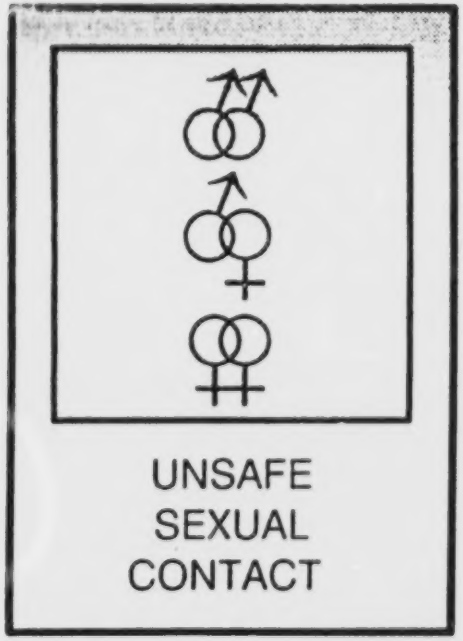
HIGH *RISK BODY FLUIDS*

AIDS
IS PREVENTABLE

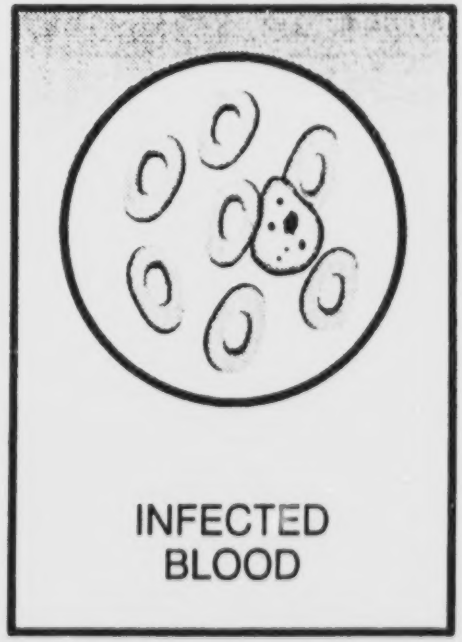


HIV **IS** *SPREAD BY:*

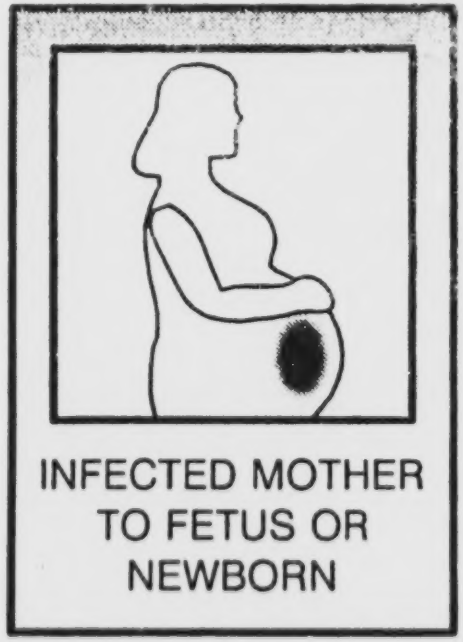
AIDS
IS PREVENTABLE



UNSAFE
SEXUAL
CONTACT

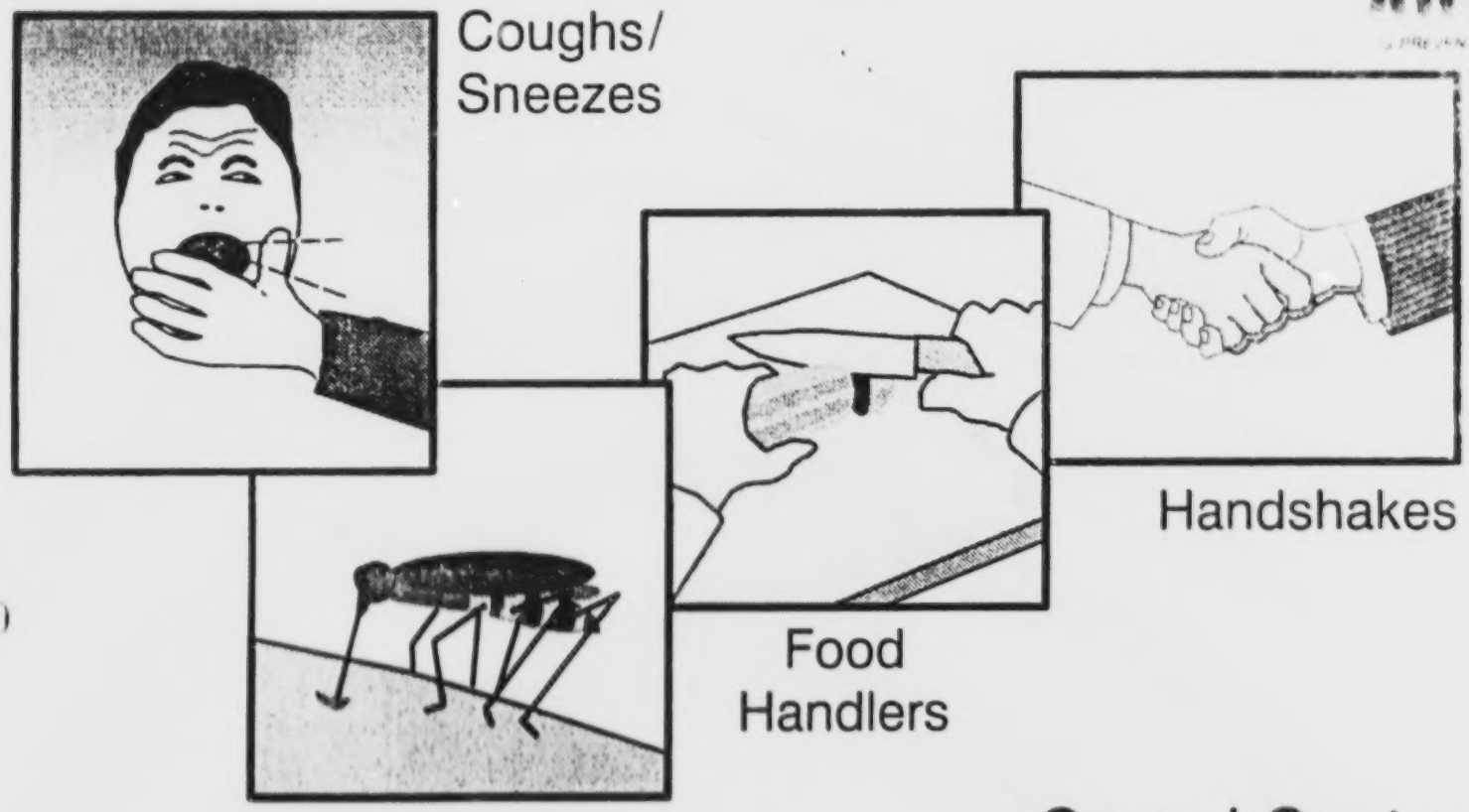


INFECTED
BLOOD



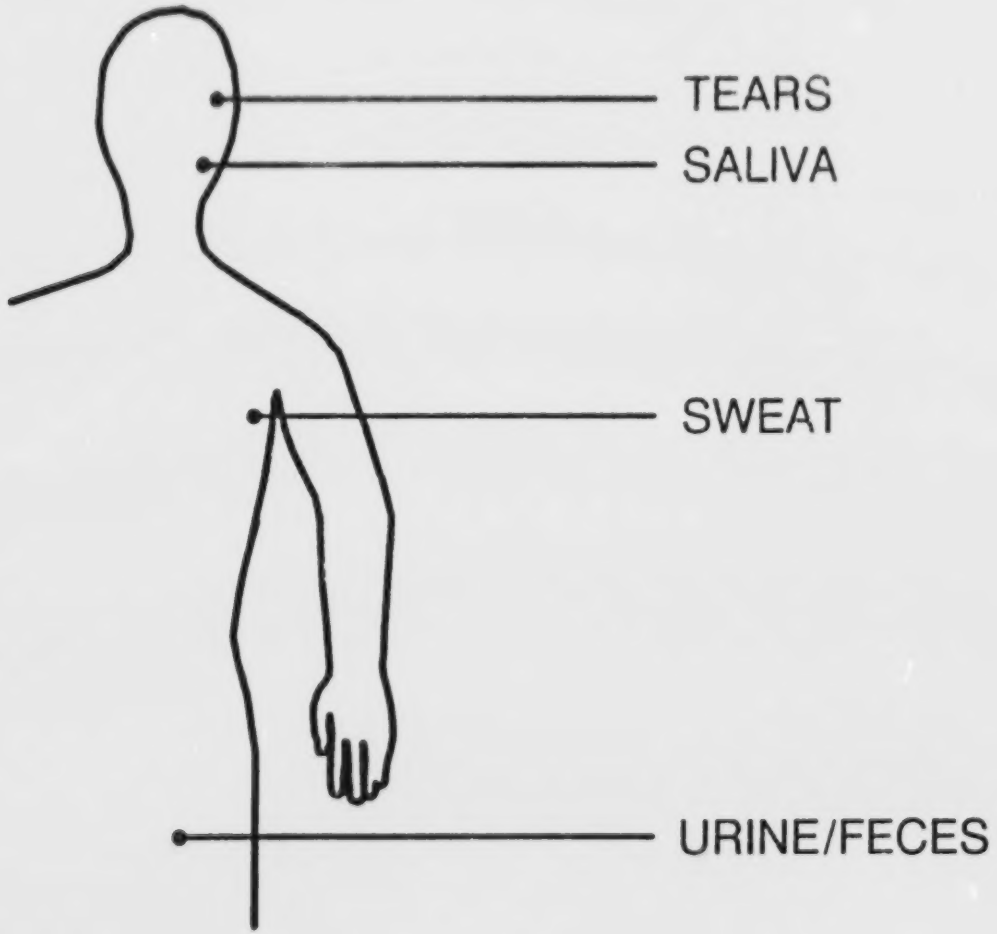
INFECTED MOTHER
TO FETUS OR
NEWBORN

HIV IS **NOT** *SPREAD BY:*



...Casual Contact

LOW *RISK BODY FLUIDS*



RISK FOR HOUSEHOLD CONTACTS

AIDS
IS PREVENTABLE

- 101 Non-Sexual Household Contacts of 39 HIV Infected Patients
- Median Follow-Up 22 Months
- No Contacts Positive (Except Newborn of Infected Mother)

RISK FOR THOSE LIVING WITH CHILDREN WHO ARE HIV INFECTED

AIDS
IS PREVENTABLE

- 47 Household Contacts Without Other Risk Factors for HIV
- Mean Follow-Up 36 Months
- 0/47 HIV Positive

AIDS
IS PREVENTABLE

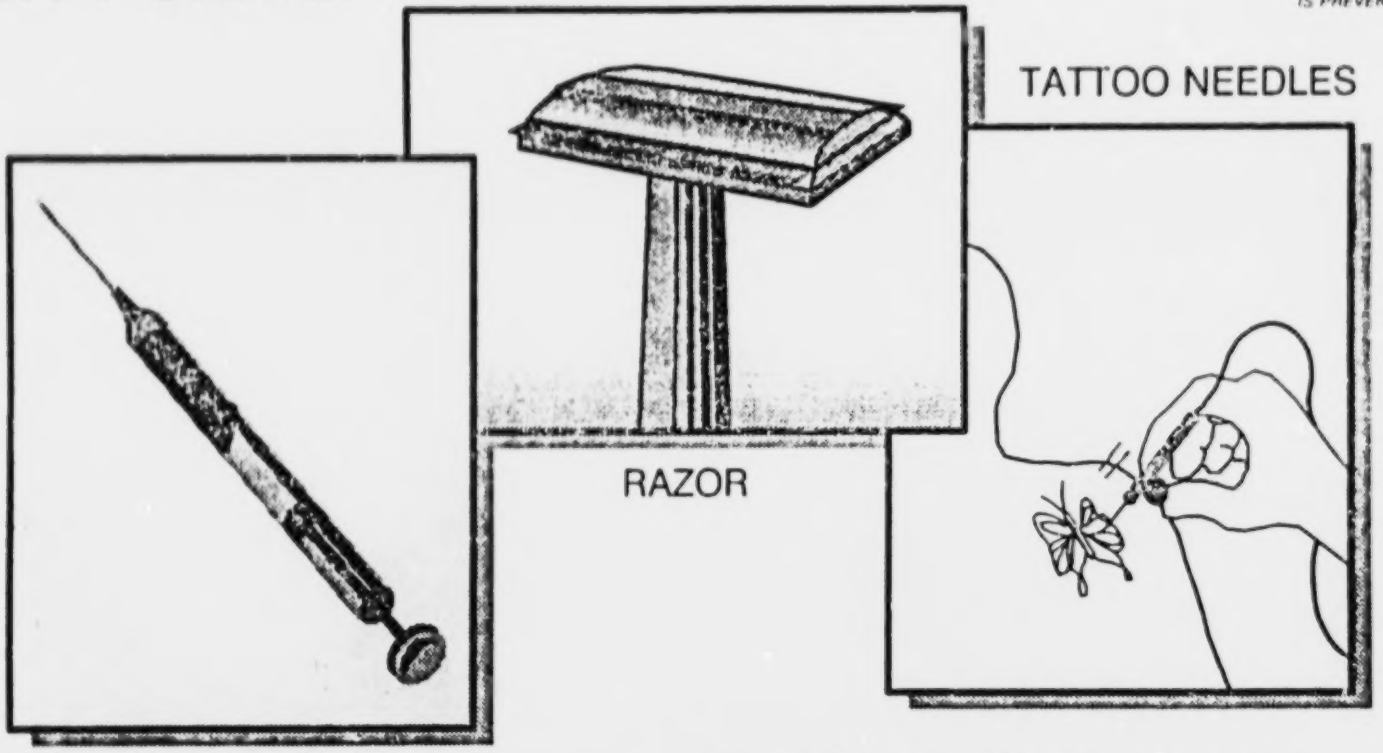
HIV DISEASE IS PREVENTABLE

. . . IF BEHAVIORS CHANGE

PREVENTIVE MEASURES: BLOOD

DON'T SHARE

AIDS
IS PREVENTABLE

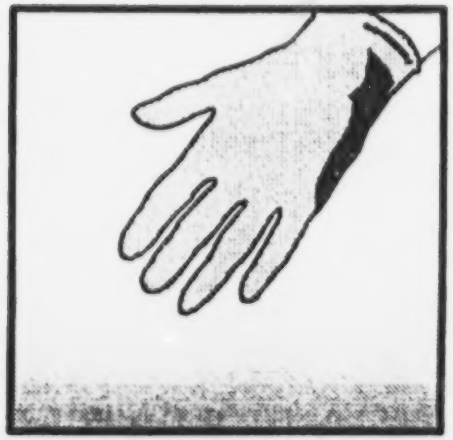


...Any Sharp Instruments

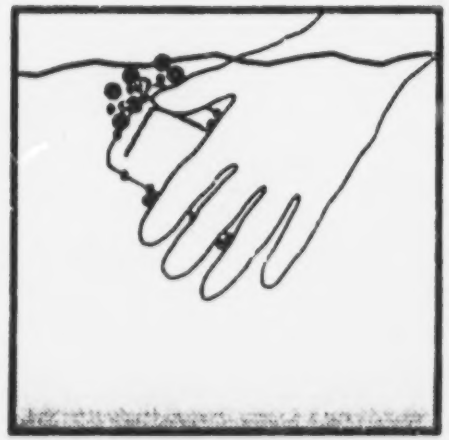
INFECTION CONTROL

AIDS

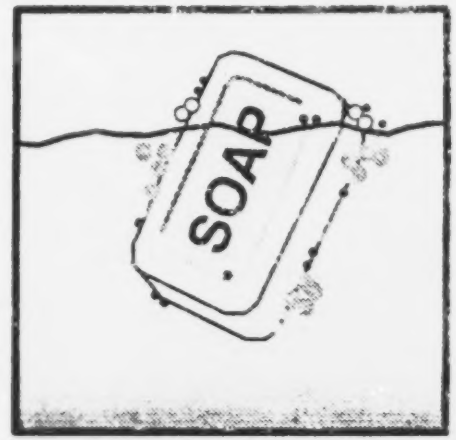
IS PREVENTABLE



WEAR
GLOVES



WASH
HANDS



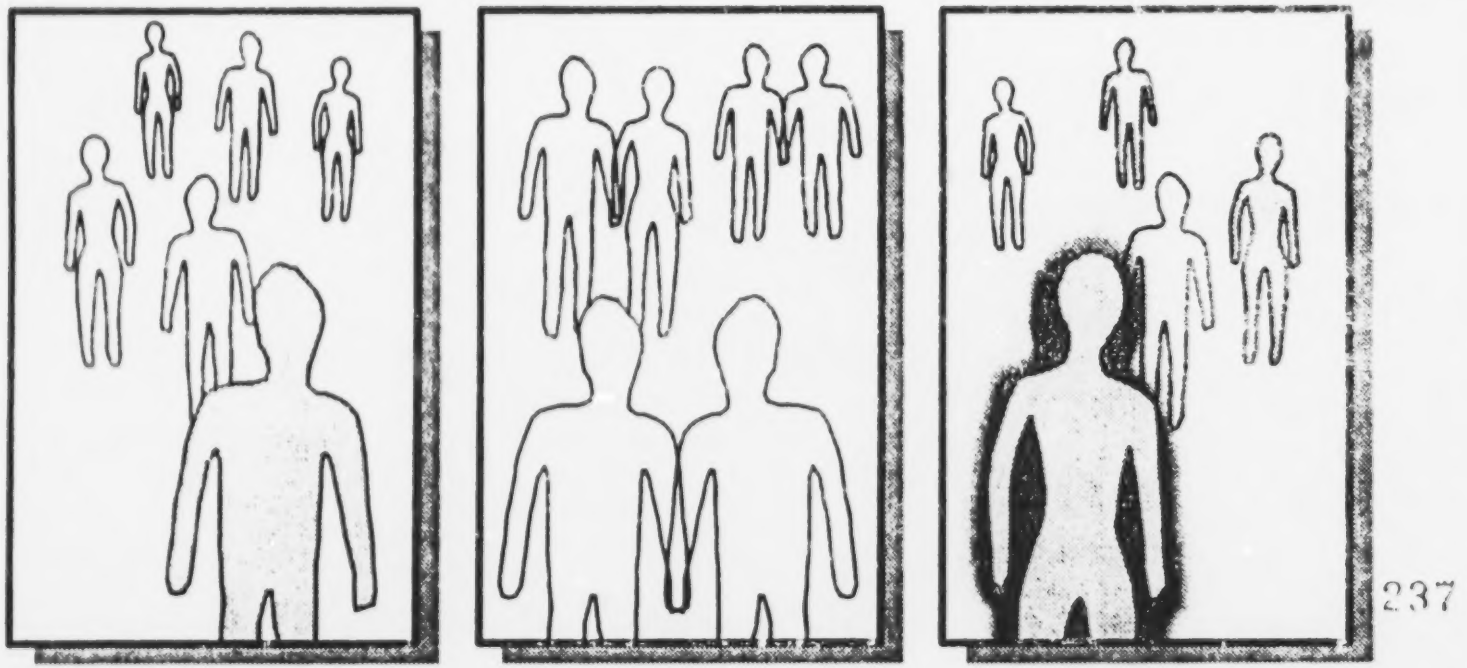
DECONTAMINATE
Soap and Water
Disinfectant

PREVENTIVE MEASURES: PERSONS AT HIGH RISK

AIDS IS PREVENTABLE

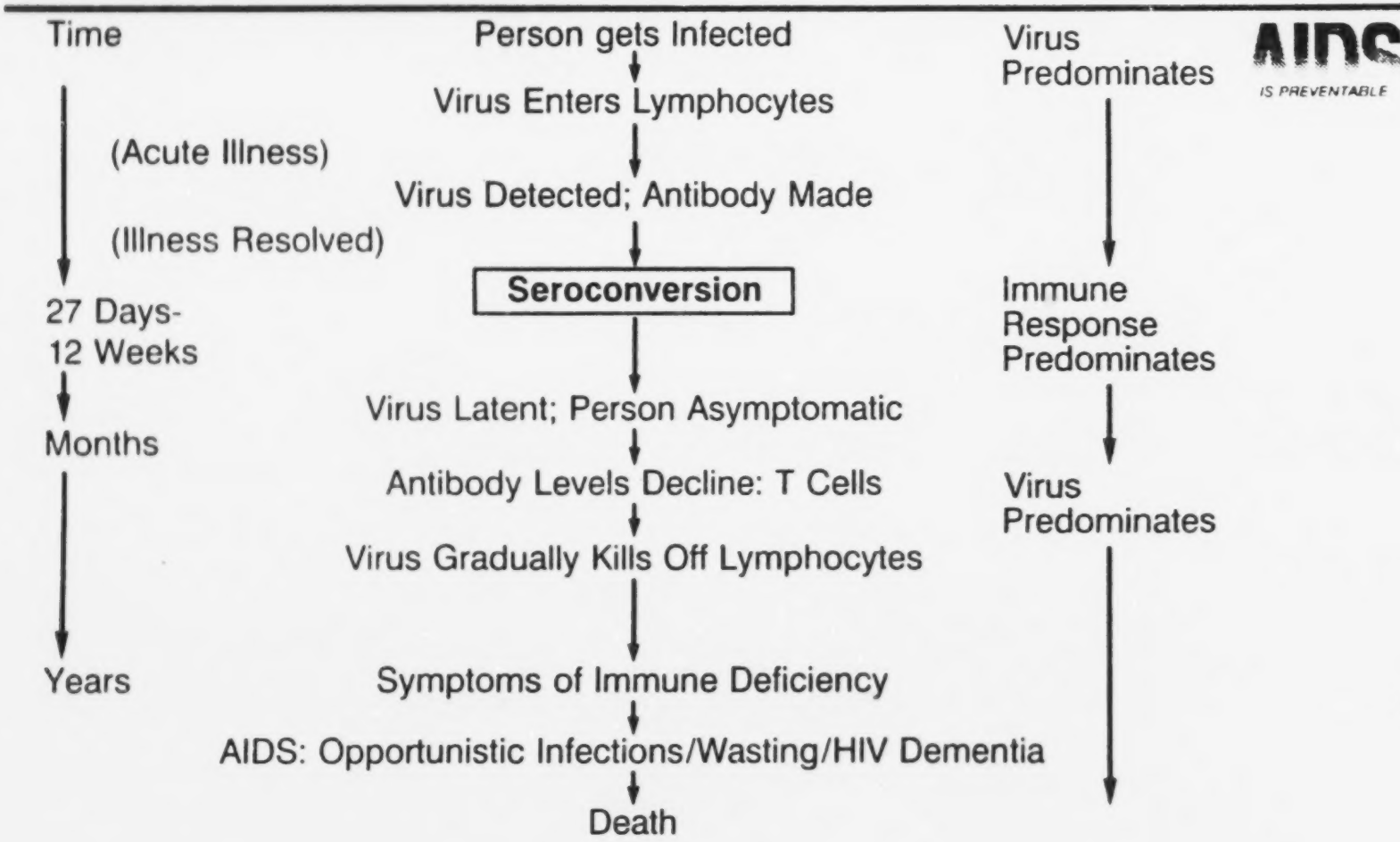
- Do Not Exchange Body Fluids
- Consult Health Professional Before Getting Pregnant
- Do Not Donate Blood, Plasma, Semen, Organs, and Other Tissues

PREVENTIVE MEASURES: SEX



ABSTINENCE MONOGAMY SAFER SEX

HIV DISEASE PROGRESSION



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SYMPTOMATIC HIV INFECTION

AIDS IS PREVENTABLE

- Generalized Lymphadenopathy
- Unexplained Weight Loss
- Chronic Diarrhea
- Other Immunologic Abnormalities

EXAMPLES OF OPPORTUNISTIC INFECTIONS AND CANCERS

AIDS IS PREVENTABLE

Protozoa:

Pneumocystis carinii Pneumonia

Viruses:

Severe Herpes simplex

Bacteria:

Extrapulmonary Tuberculosis

Fungi:

Candida albicans- Esophagus, Lungs

Cancers:

Kaposi's Sarcoma
< 60 Years Age
Lymphoma of the Brain

Undefined:

Wasting Syndrome
HIV Dementia

AIDS
IS PREVENTABLE

HIV Antibody Test

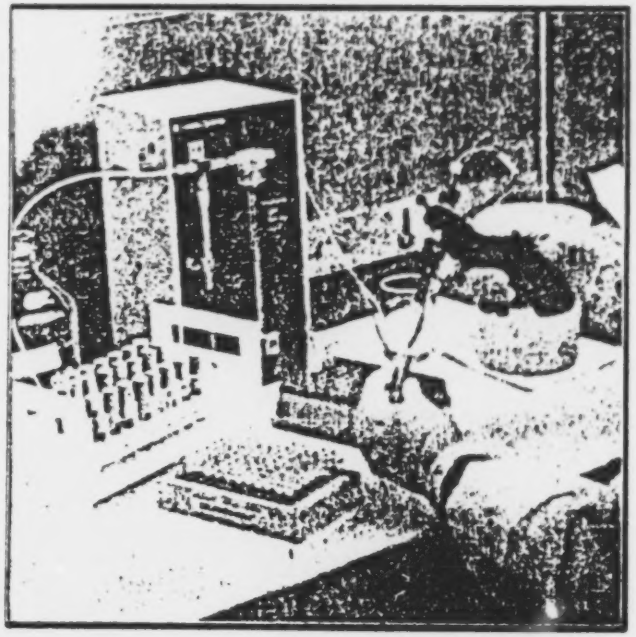
245

241

THE TEST

AIDS
IS PREVENTABLE

- Detects Antibody, Not the Virus
- May Show False Positive Results
- May Show False Negative Results



CHALLENGES:

AIDS
IS PREVENTABLE

1. Population at Greatest Risk is Most Difficult to Reach
2. Most Carriers are Healthy but Infectious to Others
3. Minorities Disproportionately Affected
4. End Stage Disease Fatal, Incurable
5. Most of Population at Low Risk but Terrified of AIDS
6. Patients with AIDS/Related Conditions are Often Stigmatized

INFECTION CONTROL

AIDS
IS PREVENTABLE

- Cover Open Sores and Lesions
- Use Caution When Handling Blood/Body Fluids
- Protect Skin and Mucous Membranes
- Discard Contaminated Disposables
- Clean/Disinfect Reusable Supplies
- Wash Hands Thoroughly

TRANSMISSION OF HIV REQUIRES DIRECT PLACEMENT OF INFECTED MATERIAL:

AIDS
IS PREVENTABLE

- Into the Blood Stream
- Under the Skin
- Into a Body Orifice

UNIVERSAL PRECAUTIONS

AIDS
IS PREVENTABLE

- Blood/Body Fluids from All People are Potentially Infectious
- Use Barriers
- Treat Everyone the Same
- Confine and Contain

UNIVERSAL PRECAUTIONS

AIDS

IS PREVENTABLE

If It's Wet, Think Barrier.

EFFECTIVE HIV DISINFECTANTS*

AIDS
IS PREVENTABLE

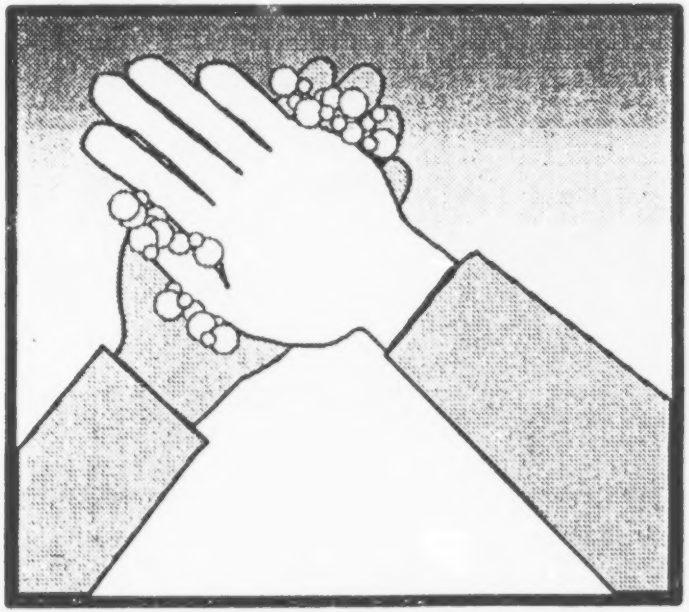
- 1% Household Bleach
- 50% Ethyl Alcohol
- 35% Isopropyl Alcohol
- 0.3% Hydrogen Peroxide
- 0.5% Phenol
- 0.5% Lysol

*EPA Number
*Examples Only

HAND WASHING

AIDS

IS PREVENTABLE



The Most Effective
Infection Control Measure

EMERGENCY / INFECTION CONTROL KIT WILL PROVIDE:

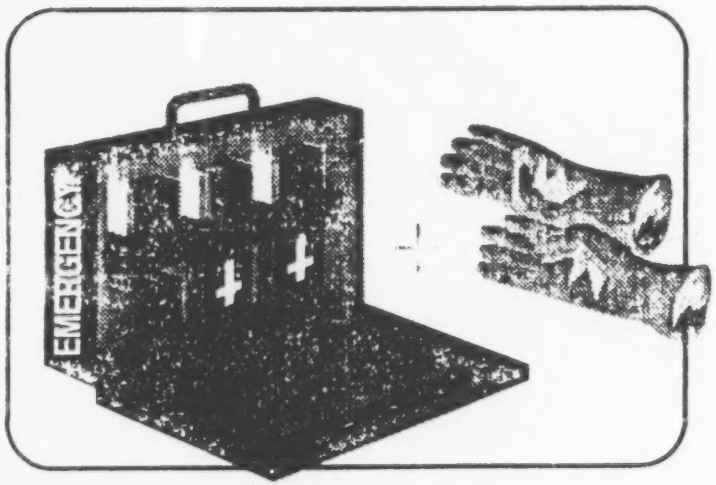
AIDS IS PREVENTABLE

- Aid for the Injured Person
- Protection for the Caregiver
- A Safe Environment

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

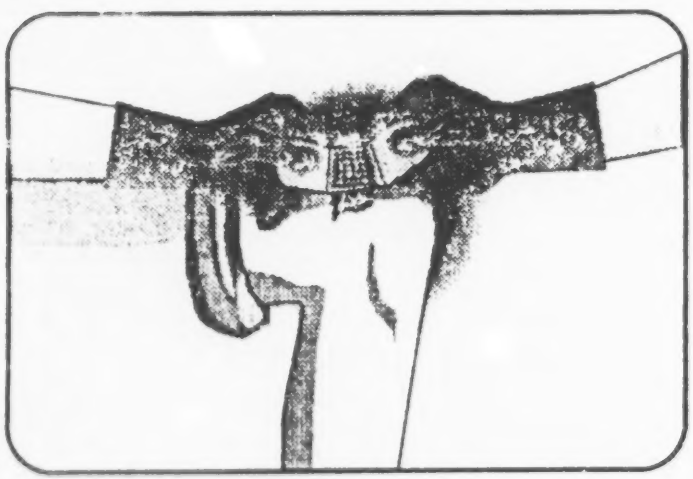


1. Persons giving emergency care should use first aid kit that includes plastic or rubber gloves.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

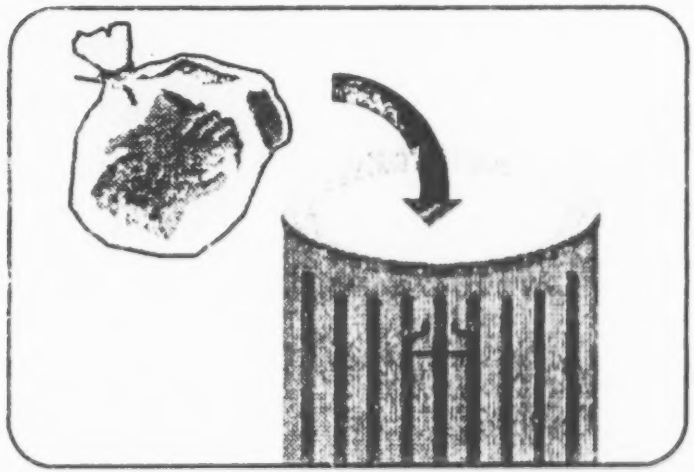


2. Persons giving first aid should put on the gloves before having contact with blood/body fluids.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

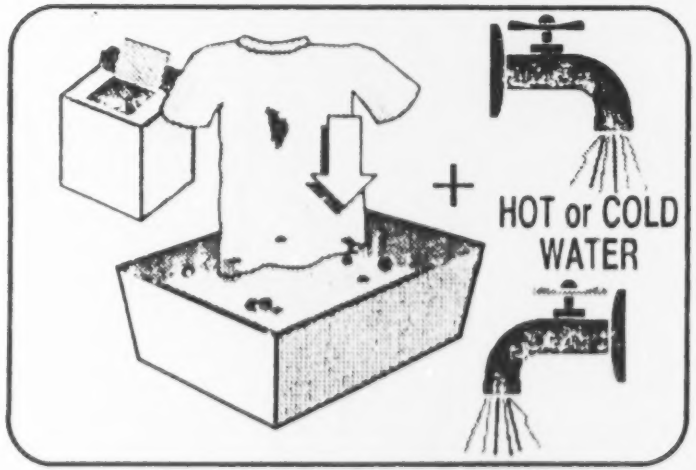


3. After giving first aid, all disposable items contaminated with blood should be placed in a plastic bag, which is tied shut and put in a wastebasket or trash can.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

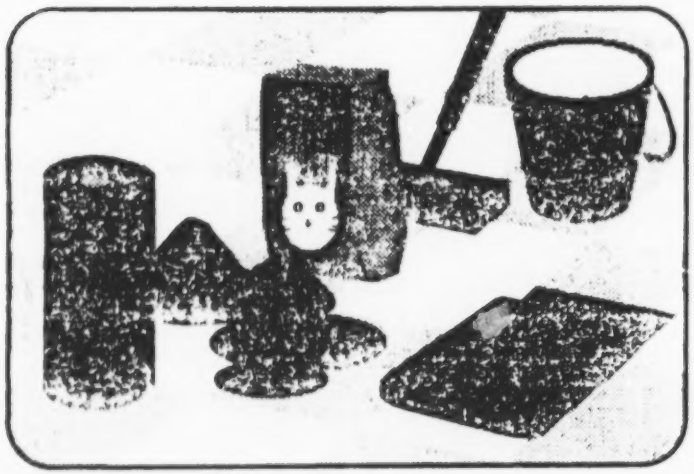


4. Any clothes contaminated with blood should be laundered or dry-cleaned.

INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE



5. Any blood or body fluid spilled on the floor, desks, or surfaces should be cleaned up with absorbent material and disinfected.

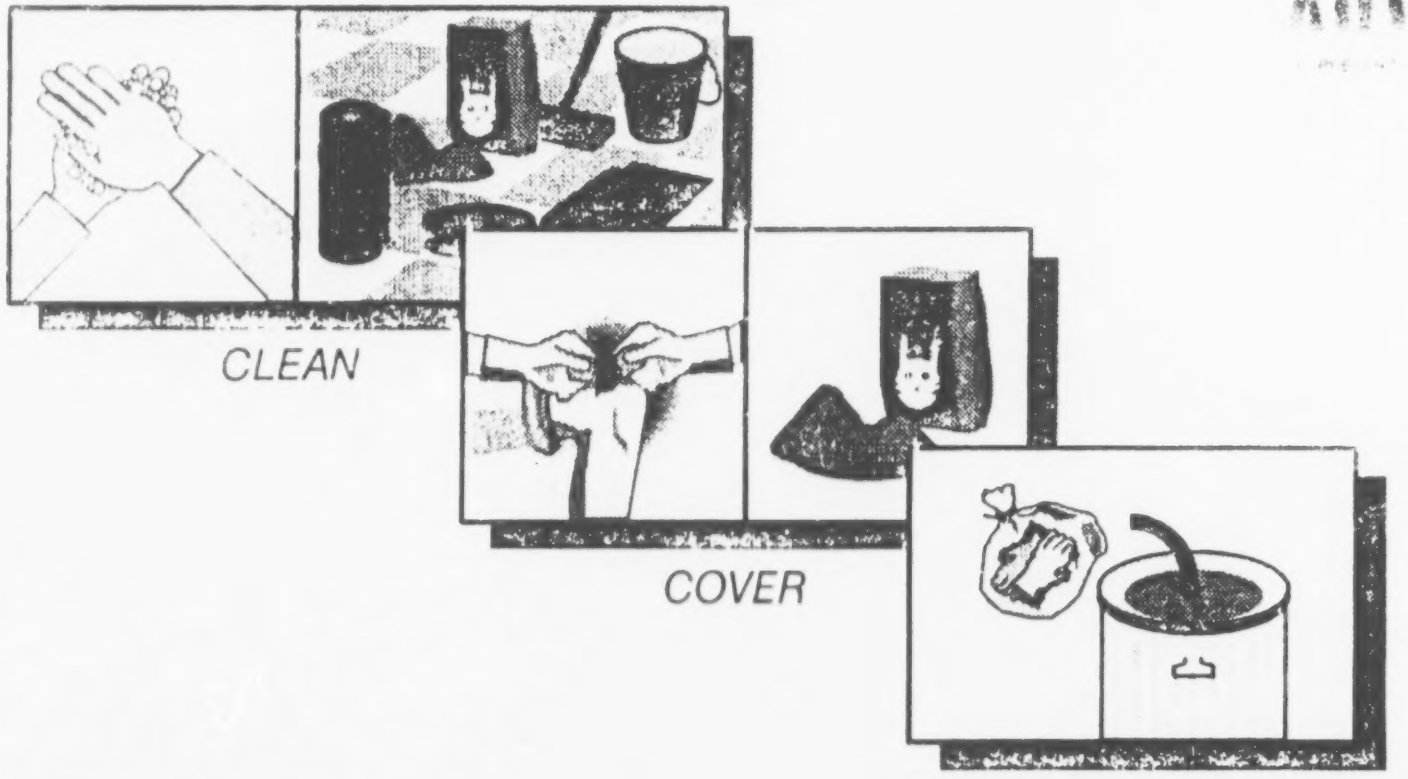
INFECTION CONTROL

The Precautions Include:

AIDS
IS PREVENTABLE

6. All persons providing first aid and cleanup should remove gloves and wash thoroughly with soap and water as soon as possible after finishing the task.

KEY POINTS OF INFECTION CONTROL FOR PEOPLE AND THE ENVIRONMENT



CLEAN

COVER

CONFINE AND CONTAIN

OSHA Fact Sheet Number 92-46

Bloodborne Pathogens Final Standard

PURPOSE: Limits occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death. "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

SCOPE: Covers all employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials. OSHA has not attempted to list all occupations where exposures could occur.

Infectious materials include blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ other than intact skin from a human (living or dead) and human immunodeficiency virus (HIV) containing cell or tissue cultures, organ cultures and HIV or hepatitis "B (HBV)-containing culture medium or other solutions as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

EXPOSURE CONTROL PLAN: Requires employers to identify, in writing, tasks and procedures as well as job classifications where occupational exposure to blood occurs ..without regard to personal protective clothing and equipment. It must also set forth the schedule for implementing other provisions of the standard and specify the procedure for evaluating circumstances surrounding exposure incidents. The plan must be accessible to employees and available to OSHA. Employers must review and update it at least annually .. more often if necessary to accommodate workplace changes.

METHODS OF COMPLIANCE: Mandates universal precautions, (treating body fluids/materials as if infectious) emphasizing engineering and work practice controls. The standard stresses handwashing and requires employers to provide facilities and ensure that employees use them following exposure to blood. It sets forth procedures to minimize needlesticks, minimize splashing and spraying of blood, ensure appropriate packaging of specimens and regulated wastes and decontaminate equipment or label it as contaminated before shipping to servicing facilities.

Employers must provide, at no cost, and require employes to use appropriate personal protective equipment such as gloves, gowns, masks, mouthpieces and resuscitation bags and must clean, repair and replace these when necessary. Gloves are not necessarily required for routine phlebotomies in volunteer blood donation centers but must be made available to employees who want them.

The standard requires a written schedule for cleaning, identifying the method of decontamination to be used, in addition to cleaning following contact with blood or other potentially infectious materials. It specifies methods for disposing of contaminated sharps and sets forth standards for containers for these items and other regulated waste. Further, the standard includes provisions for handling contaminated laundry to minimize exposures.

HIV AND HBV RESEARCH LABORATORIES AND PRODUCTION FACILITIES: Calls for these facilities to follow standard microbiological practices and specifies additional practices intended to minimize exposures of employees working with concentrated viruses and reduce the risk of accidental exposure for other employees at the facility. These facilities must include required containment equipment and an autoclave for decontamination of regulated waste and must be constructed to limit risks and enable easy clean up. Additional training and experience requirements apply to workers in these facilities.

HEPATITIS B VACCINATION: Requires vaccinations to be made available to all employees who have occupational exposure to blood within 10 working days of assignment, at no cost, at a reasonable time and place, under the supervision of licensed physician/licensed healthcare professional and according to the latest recommendations of the U.S., Public Health Service(USPHS). Prescreening may not be required as a condition of receiving the vaccine. Employees must sign a declination

form if they choose not to be vaccinated, but may later opt to receive the vaccine at no cost to the employee. Should booster doses later be recommended by the USPHS, employees must be offered them.

POST-EXPOSURE EVALUATION AND FOLLOW-UP: Specifies procedures to be made available to all employees who have had an exposure incident plus any laboratory tests must be conducted by an accredited laboratory at no cost to the employee. Follow-up must include a confidential medical evaluation documenting the circumstances of feasible, testing the exposed employee's blood if he/she consents, post-exposure prophylaxis, counseling and evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation of reported illnesses. Healthcare professionals must be provided specified information to facilitate the evaluation and their written opinion on the need for hepatitis B vaccination following the exposure. Information such as the employee's ability to receive the hepatitis B vaccine must be supplied to the employer. All diagnoses must remain confidential.

HAZARD COMMUNICATION: Requires warning labels including the orange or orange-bed biohazard symbol affixed to containers of regulated waste, refrigerators and freezers and other containers which are used to store or transport blood or other potentially infectious materials. Red bags or containers may be used instead of labeling. When a facility uses universal precautions in its handling of all specimens, labelling is not required within the facility. Likewise, when all laundry is handled with universal precautions, the laundry need not be labelled. Blood which has been tested and found free of HIV or HBV and released for clinical use, and regulated waste which has been decontaminated, need not be labeled. Signs must be used to identify restricted areas in HIV and HBV research laboratories and production facilities.

INFORMATION AND TRAINING: Mandates training within 90 days of effective date, initially upon assignment and annually.. employees who have received appropriate training within the past year need only receive additional training in items not previously covered. Training must include making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion on bloodborne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, signs/labels/color-coding. There must be opportunity for questions and answers, and the trainer must be knowledgeable in the subject matter. Laboratory and production facility workers must receive additional specialized initial training.

RECORDKEEPING: Calls for medical records to be kept for each employee with occupational exposure for the duration of employment plus 30 years , must be confidential and must include name and social security number; hepatitis B vaccination status (including dates); results of any examinations, medical testing and follow-up procedures; a copy of the healthcare professional's written opinion; and a copy of information provided to the healthcare professional. Training records must be maintained for three years and must include dates, contents of the training program or a summary, trainer's name and qualifications, names and job titles of all persons attending the sessions. Medical records must be made available to the subject employee, anyone with written consent of the employee, OSHA and NIOSH are not available to the employer. Disposal of records must be in accord with OSHA's standard covering access to records.

DATES: Effective date: March 5, 1992. Exposure control plan: May 5, 1992. Information and training requirements and recordkeeping:June 4, 1992; And the following other provisions take effect on July 6, 1992: engineering and work practice controls, personal protective equipment, housekeeping, special provisions covering HIV and HBV research laboratories and production facilities, hepatitis B vaccination and post-exposure evaluation and follow-up and labels and signs.

INVOLVING PARENTS AND THE LOCAL COMMUNITY IN THE HIV EDUCATION PROGRAM

The key to any successful health education program, especially one which includes a controversial topic such as HIV disease, is to involve parents and key community members in the development, revision, and implementation process. It is important to remind parents that the legislation mandating K-12 HIV education in schools did not mandate a specific curriculum, but left the development of a course of study in the capable hands of local communities.

It might encourage you to know that there is tremendous support for HIV education in schools among Arizona residents. In 1987, 1988, and 1989, the Arizona Department of Health Services conducted statewide surveys regarding individuals' knowledge, attitudes, and beliefs about HIV/AIDS. Here are just a few of the responses:

- 97 percent of Arizona residents believe HIV education should be taught in school.
- 76 percent believe HIV education should be taught no later than sixth grade, while 89 percent believe it should be taught no later than seventh grade.
- 89 percent believe HIV-infected children should be allowed to attend school.

In addition to the general public, we also have the support of the National PTA, the National School Boards Association, the National Education Association, and the American Red Cross—just a few of the organizations who actively support your HIV education efforts. All of these groups have published excellent materials to assist you in the development of an HIV education program that is responsive to your communities' values and culture. You can find their publications and numerous other quality products listed in the resource section of this guide.

But how do we get parents involved? We have all experienced the frustration of planning a wonderful program, only to have three or four parents show up. The following pages include successful approaches which have been used in small towns and large cities around the country. Perhaps many will be familiar to you based on your own experiences. But if you gain even one or two new ideas, we hope you will consider your time well spent!

1. One method, which we have already described in the section on legislation, is to make attendance at a preview presentation mandatory before a parent can withdraw their child from the HIV education program. In other states this has proven very successful. Most of the parents who were opposed to the program had been given misleading information from one or two vocal individuals in the community. Yet, when they had an opportunity to view the materials, vent their concerns, and discuss the program with the instructors, most parents went away not only willing to have their child attend, but were willing to advocate for the program with other parents. Remember, the parent can still choose to withdraw the child, but we recommend that the parent receive accurate, age-appropriate information to discuss with the child at home.

2. If some parents simply cannot make it to the preview meeting, videotape the meeting and have the materials and the video available for checkout. If you simply cannot let your one copy of everything out of the building, at least this method would allow a parent to come in at an alternate time to review it.

3. If you do not have a local requirement that parents must attend a preview presentation before they can withdraw their child from HIV education, then make certain that the mailing to parents about the program reflects all the hard work that went into creating it. Include a full course description, sample homework assignments, suggested parent involvement activities, and brief written endorsements from some credible sources in the community, i.e., a minister who has a child enrolled in the school, a physician-parent who served on the review committee, etc.

4. Sponsor a grade-level potluck! Make this an annual event. Charge $1 apiece for a hot dog and chips; see if you can get someone to donate the soft drinks, and make it primarily a time for teachers and parents to get to know each other on an informal basis. Then after people have had time to eat, have some of the older students from the high school's Home Economic classes provide activities for the younger students so you can have some quality time with the parents. This time can be used to inform parents of anything new which will impact their children during the coming year—like the HIV education program!

5. If you anticipate resistance to the new program or policies, have a respected member of the community present to lend support. Another parent who was also initially skeptical but has been convinced of the need for the program can be a real asset as well.

6. If language is a barrier for some of your parents, have an interpreter present, preferably someone they can identify with from their own community.

7. Form a transportation tree. With permission from parents to give out names and addresses, each person that has a working vehicle is contacted and asked to pick up at least two others who do not.

8. Vary the meeting place. If children in your classrooms come from different parts of the city, consider holding a meeting at a local church or community center in their neighborhoods. It is also less intimidating for those parents for whom school was a place of failure.

9. Link up with your local public television station or radio station. They have air time that must be devoted to public service, and often are looking for programs. You could put on a parent education program and even offer it in several languages!

10. Contact your local churches. Many of the parents you never see are in church on Wednesday nights and all day Sunday. Many churches have invited our HIV educators in to give presentations to youth leaders and parent groups.

11. Check with the local senior centers for volunteers that may be willing to come to the school and baby-sit during a parent education meeting.

12. Call parents regularly with positive news about their child. Parents automatically assume that the only time they will hear from you is if the child has done something wrong. If they realize you actually care about their child and come to know you better through these brief contacts, they may even take the risk to come to a program which you invite them to attend.

13. Have children participate in inviting their parents. Have them design an invitation, glue pictures on the card, whatever they are capable of doing, and then staple your invitation inside.

14. Put up posters about HIV/AIDS in prominent places where parents will see them—main lobby at school, principal's office, rest rooms; then ask parents when they come in for any reason if they would be willing to take a poster or two to put up in their churches, local stores or trading posts, community centers, or lodges.

15. Have students make posters about facts which they have learned about HIV/AIDS, and ask them to have their parents put them up at their place of work! These posters are real attention grabbers, parents are usually proud to display their child's art work, and everyone learns something in the process. The posters may even be the catalyst for some conversation about HIV disease around the water cooler!

16. Once HIV education begins, refer students home for parental input to encourage parents to discuss their ideas, values, and opinions about HIV with their children, and to increase students' ability to see parents as a resource for themselves.

17. Use case studies, role-play situations, and audiovisuals in class which model positive parent-child interactions.

18. Sponsor an HIV/AIDS education night for the community with a local health professional there to answer technical questions from the audience. But make sure the individual can keep his or her comments brief so that the kids can provide most of the education via a puppet show, skits, or class simulation. Inviting students over from the high school or junior high to demonstrate how they assist in the education of younger students is a lot more interesting to parents after a hard day's work. But make sure you really publicize the program well and pick a night when there isn't a major ball game so these performers efforts are rewarded with a good turnout!

19. Using a post course evaluation form, survey parents to assess their perceptions of the effect of the class on their child, how they would like to see the class improved, and to give you some positive feedback as well!

20. If you are fortunate enough to have a few parents or teachers who really want to do something extra to help educate hard-to-reach parents about HIV disease, put together a home party program! With the help of a local health professional, give the volunteers a solid "AIDS 101" course, with guidelines about where to

refer people for services or more detailed information; settle on a good video which is no longer than 30 minutes (several are listed in the resource section), and have each of the volunteers gather up three or four parents in a home with a VCR, some potato chips and dip, and have a great informal discussion about AIDS. What is wonderful about this is that many parents do not have reliable transportation or may be very uncomfortable in the school setting. This is less threatening and especially useful if you have volunteers that are bilingual or of the same ethnicity as the parents.

AN APPRECIATION OF CULTURE

Before proceeding on any curriculum development project, it is important for all of us as parents, teachers, and/or community health professionals to appreciate the fact that most of our children are being educated in multicultural classrooms. According to the U.S. Department of Education, by the year 2000 minority enrollment in U.S. school systems is expected to exceed 35 percent. In California, students from diverse cultural and ethnic backgrounds, including Latinos, Asians, and blacks, make up 51 percent of the student population. This can be an extremely enriching experience for our students if we as educators are sensitive to and respectful of the cultural and ethnic diversity which is represented, not only in our classroom, but in our society as a whole.

The following suggestions are being presented to assist you in developing and presenting HIV educational messages which are relevant to students from culturally diverse backgrounds. The material is taken from an excellent book entitled, "Practical Guidelines: Family Life Education in Multicultural Classrooms."

Guidelines For Teachers

The following recommendations are provided to help educators develop and teach health education classes that are sensitive to and reflective of the cultural and ethnic diversity of their students.

Since so much diversity exists within ethnic groups, no statements are made about the beliefs, attitudes, or values of specific groups. Each teacher must explore the beliefs of individual students, the community, and various groups within the community in order to represent the range of views which exist.

I. General Statements

A. Get to know your students as individuals within their cultures.

B. Since there is a wide range of values, beliefs, and attitudes about (HIV/AIDS), assume that this range of views might be held by your students and their parents. This means leading class discussions that reflect diversity and modeling for students the willingness to hear ideas different from your own.

C. Be sure that activities, discussions, films, written materials, and guest speakers reflect the cultural and ethnic diversity of the students, the community, and society in general. Involve advisory groups from diverse populations to help you select materials.

D. As part of your preparation for classroom discussions, assess how your own experiences, attitudes, and values may impact the teaching process. Acknowledge your own biases and attitudes towards students from diverse cultural and ethnic backgrounds. Being aware of how your personal biases can help you ensure that you present material in a balanced manner.

E. Be sensitive to the possibility that biases may exist among students and that parents may hold the same biases.

F. In helping students to overcome stereotypes, be aware that this process is quicker for some and slower for others.

II. Recommendations for Specific Topics

A. Families

1. Stress that there is no universally accepted definition of family. Definitions are influenced by individual experiences and cultural backgrounds.

2. Present and validate families in a variety of forms, being sure to include the different family (systems) experienced by your students.

3. Remember that parenting styles, forms of discipline and expressions of affections vary within various families according to their culture.

4. Accentuate the family as a powerful source of support and advocacy.

5. Increase students' awareness of the different roles and expectations they feel as a part of growing up male or female in their families, their own ethnic culture, and the larger culture in which they interact.

6. Facilitate students' recognition of intergenerational stress and value conflicts between family members that result from different rates of acculturation.

7. Facilitate communication between students and their parents to help overcome communication barriers due to acculturation.

8. Support the active involvement of parents as the primary sex educators of their children.

B. Self-Esteem

1. Recognize the importance of self-esteem as a factor in the achievement of academic and personal goals.

2. Promote a sense of connection among students by developing a climate of mutual respect.

3. Encourage students to see themselves as unique and worthwhile individuals within the context of their cultural heritage.

4. Empower students by teaching personal responsibility and control over the direction of their lives.

5. Include visible role models of leadership and success. Encourage students to pursue their goals and become leaders in their community.

6. Be aware that many families consider the needs of the group over the needs of the individual. Reinforce the concept of power centered in the family as well as in the individual.

C. Cultural Pride

1. Recognize that cultural pride is essential to the self-esteem and achievement of students.

2. Recognize that students live within the context of their cultural framework while also standing uniquely apart from it.

3. Help students recognize that there are universal values that are commonly held by all cultures as well as values, traditions, and beliefs unique to specific cultures.

4. Promote an understanding that although people from a distinct cultural and ethnic group generally hold certain values in common, particular families and individuals will differ from the norm.

5. Emphasize that culture changes in response to a continuously evolving environment, while at the same time providing consistency and values through time.

6. Create a climate of acceptance and affirmation of cultural differences.

D. Decision Making

1. Acknowledge that the consequences of an action or decision may be seen differently by students based on their individual experiences and their cultural background.

2. Stress that the best decision for the same situation may be different for each student, based on individual experience and cultural background.

3. Remember that the alternatives in decision making are influenced by one's cultural background.

4. When discussing consequences of a decision with students, examine how the decision might affect their families and their relationships with family members. Remember that the impact of decisions on the family and the concerns students feel regarding this impact may be influenced by their cultural background.

5. Remember that the ability to implement decisions is influenced by one's cultural background.

6. Promote decision making skills that will enable students to explore an expanded range of opportunities, including career and educational opportunities. Encourage students to consider family values as well as individual strengths and desires when making decisions.

CHECKING OUT YOUR BIASES

The following questions may help you identify ways you unintentionally show biases.

1. List five students you most like and feel most comfortable with and five for whom the reverse is true.

   a. Do these students have anything in common with each other, e.g., dress, language, behavior, cleanliness, manners, culture, ethnicity?

   b. Can you identify a bias that is indicated by their similarities?

2. Does the physical or seating arrangement in the room result in the better or brighter students being closer to you and having the best view of the blackboard?

3. Are privileges such as taking messages to the office or passing out papers and books unevenly distributed among students? Do smarter students or students from certain cultural or ethnic groups have more class privileges?

4. Do you spend more instructional time with one group of students than others?

5. Do you tend to wait longer for high achievers to respond to questions? Are you more impatient with low achievers and quicker to supply answers for them?

6. Do you tend to expect less from certain students? Are these children more likely to be economically deprived and minority members? Do they achieve less?

7. Do you tend to praise (with verbal and written comments) certain students more than others? Do these students tend to be from any particular economic, ethnic, or cultural group?

8. Do certain students show signs of withdrawal, self-depreciation, or aggression toward you or other students? Is this behavior more common among economically deprived and minority children?

CURRICULUM GUIDELINES FOR MULTICULTURAL CLASSROOMS

As you review curricula, ask the following questions to determine if the curriculum is responsive to and reflective of the ethnic and cultural diversity of your students and society. Negative responses to questions may indicate areas where improvement is needed.

1. Have you ever evaluated your textbooks and other materials in terms of their treatment of different groups, e.g., ethnicity, sex, age, handicap, class?

2. Do your instructional materials treat different groups honestly, realistically, and sensitively?

3. Have you ever had the opportunity to study your students, e.g., their backgrounds, values, ways of thinking, with the aim of using this knowledge to improve instruction?

4. Do your instructional goals and strategies reflect the different cultures and learning styles of students in your class?

5. Do you think your curriculum helps students learn to function effectively in different cultures?

6. Do you think your curriculum contributes to strengthening students' senses of individual identity and helps them understand themselves better in light of their own heritage?

7. Does your curriculum include discussion of prejudice, discrimination, and exploitation and their effect on individuals and relationships?

8. Does your curriculum treat both positive and negative aspects of minority group experiences?

9. Does your curriculum help students examine similarities and differences both within and among different groups?

10. Do you help students distinguish facts from interpretations and opinions?

11. Do you spend sufficient time and effort dispelling misconceptions, stereotypes, and prejudices that students appear to hold?

12. Do you introduce students to the experiences of persons of varying backgrounds and occupations within different groups?

13. Do you use materials written by and about members of different groups in your instruction?

14. Do you spend sufficient time helping students understand that different groups might perceive the same events or situations very differently?

15. Do you encourage and support students who wish to take action on social problems they have studied and are concerned about?

RESOURCES

ARIZONA STATE AND COUNTY HEALTH DEPARTMENTS

AZ DEPARTMENT OF HEALTH SERVICES
3008 North Third Street
Phoenix, AZ 85012
CONTACT: Yleana Saminiego, HIV Ed.
PHONE: 230-5819, FAX: 253-4352

APACHE COUNTY HEALTH DEPARTMENT
P.O. Box 697
St. Johns, AZ 85936
CONTACT: Eleanor Foster, Director
PHONE: 337-4364, FAX: 337-2003

COCHISE COUNTY HEALTH DEPARTMENT
P.O. Box 1858
Bisbee, AZ 85603
CONTACT: Ramon Garcia, HIV Program Services
PHONE: 432-9488, FAX: 432-5893

COCONINO COUNTY HEALTH DEPARTMENT
2500 North Ft. Valley Road
Flagstaff, AZ 86001
CONTACT: Kimbal Babcock, HIV Program Services
PHONE: 779-5164, FAX: 779-6687

GILA COUNTY HEALTH DEPARTMENT
621 South Fifth Street (Site)
1400 Ash Street (Mail)
Globe, AZ 85501
CONTACT: Mary Johnson, Director of Nursing
PHONE: 425-3189, FAX: 425-0319

GRAHAM COUNTY HEALTH DEPARTMENT
826 West Main
Safford, AZ 85546
CONTACT: Moria Botsford, R.N.
PHONE: 428-0110, FAX: 428-5951

GREENLEE COUNTY HEALTH DEPARTMENT
P.O. Box 936
Clifton, AZ 85533
CONTACT: "Sam" Rebecca Duncan, R.N.
PHONE: 865-2601, FAX: 865-4417

LA PAZ COUNTY HEALTH DEPARTMENT
916 12th Street
Parker, AZ 85344
CONTACT: Frances Williamas, Dir. of Nurs.
PHONE: 669-6155, FAX: 669-6703

MARICOPA COUNTY HEALTH DEPARTMENT
1845 East Roosevelt
Phoenix, AZ 85006
CONTACT: David Willoughby, HIV Programs
PHONE: 258-6381, FAX: 254-3633

MOHAVE COUNTY HEALTH DEPARTMENT
305 West Beale
Kingman, AZ 86401
CONTACT: Terri Williams, Dir. of Nurs.
PHONE: 753-0748, FAX: 753-0732

NAVAJO COUNTY HEALTH DEPARTMENT
P.O. Box 639
Holbrook, AZ 86025
CONTACT: Shirley Cooper, Nursing Sup.
PHONE: 524-6825, FAX: 524-3094

PIMA COUNTY HEALTH DEPARTMENT
150 West Congress
Tucson, AZ 85701
CONTACT: Floyd Meeks, HIV Ed. Prog.
PHONE: 740-8554, FAX: 723-9722

PINAL COUNTY HEALTH DEPARTMENT
188 South Main
Coolidge, AZ 85228
CONTACT: Sally Davis, R.N.
PHONE: 723-9541, FAX: 723-9722

SANTA CRUZ COUNTY HEALTH DEPARTMENT
P.O. Box 1150
Nogales, AZ 85628
CONTACT: Frank Perez
PHONE: 287-7073

YAVAPAI COUNTY HEALTH DEPARTMENT
930 Division Street
Prescott, AZ 86301
CONTACT: Isle Asplund, HIV Ed.
PHONE: 771-3135, FAX: 778-4249

YUMA COUNTY HEALTH DEPARTMENT
201 Second Avenue
Yuma, AZ 85364
CONTACT: Becky Smith, HIV Ed.
PHONE: 329-0751, FAX: 329-2001

RESOURCES

This resource list is meant to provide school officials with information to be used in developing HIV education programs. It is not an all-inclusive list, nor are the programs, organizations, or resource materials endorsed by NSBA.

Hotlines

National AIDS Hotline
U.S. Public Health Service
800/342-AIDS
800/344-SIDA (Information in Spanish)

National Gay Task Force AIDS Hotline
800/221-7044; 212/807-6016 (NY)
(Hours: Mon.-Fri. — 5:00-10:00 p.m.; Sat. — 1:00-5:00 p.m. EST)

National STD Hotline
American Social Health Association
800/227-8922 (Mon.-Fri. — 8:00 a.m.-8:00 p.m. PST); recording during nonoperating hours

Teens Teaching AIDS Prevention
The Good Samaritan Project
Kansas City, MO
1-800-234-TEEN (Mon.-Sat. — 4:00 p.m.-8:00 p.m. CST)

Organizations

AIDS Action Council
2033 M St., N.W., Suite 801
Washington, DC 20036
202/293-2886

Alan Guttmacher Institute
2010 Massachusetts Ave., N.W.
Washington, DC 20036
202/296-4012

Association for the Advancement of Health Education
1900 Association Drive
Reston, VA 22091
703/476-3437

American Association of School Administrators
1801 North Moore St.
Arlington, VA 22209
703/528-0700

American Federation of Teachers
555 New Jersey Ave., N.W.
Washington, DC 20007-3852
202/879-4548

American Foundation for AIDS Research (AmFAR)
40 West 57th St.
New York, NY 10019-4001
212/333-3118

American Medical Association
535 North Dearborn St.
Chicago, IL 60610
312/645-5334

American Red Cross
National Headquarters
1730 D St., N.W.
Washington, DC 20006
202/737-8300

American School Health Association
P.O. Box 708
Kent, Ohio 44240
216/678-1601

Center for Population Options
1012 14th St., N.W., Suite 1200
Washington, DC 20005
202/347-5700

Council of Chief State School Officers
Resource Center on Educational Equity
400 North Capitol St., N.W., Suite 379
Washington, DC 20001
202/393-8159

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
1-800-458-5231
(Contact this clearinghouse for copies of the Surgeon General's Report on AIDS, CDC "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," and other CDC reports.)

National AIDS Network
2033 M St., N.W., Suite 800
Washington, DC 20036
202/293-2437

National Association of People with AIDS
2025 I St., N.W., Suite 415
Washington, DC 20006
202/429-2856

National Association of State Boards of Education
1012 Cameron St.
Alexandria, VA 22314
703/684-4000

National Coalition of Advocates for Students
100 Boylston St., Suite 737
Boston, MA 02116
617/357-8507

National Coalition of Hispanic Health and Human Services Organizations
1030 15th St., N.W., Suite 1053
Washington, DC 20005
202/371-2100

National Council of Churches
AIDS Task Force
475 Riverside Drive, Room 572
New York, NY 10115
212/749-1214

National Education Association
The Health Information Network
100 Colony Square, Suite 200
Atlanta, GA 30361
404/875-8819

National Minority AIDS Council
714 G St., S.E.
Washington, DC 20003
202/544-1076

National Network of Runaway and Youth Services, Inc.
905 6th St., S.W., Suite 411
Washington, DC 20024
202/488-0739

National Organization of Black County Officials
440 First St., N.W., Suite 500
Washington, D.C. 20001
202/347-6953

The National PTA
700 North Rush St.
Chicago, IL 60611
312/787-0977

National Rural and Small Schools Consortium
National Rural Development Institute
Miller Hall 359, Suite 500
Western Washington University
Bellingham, WA 98225
206/676-3576

Planned Parenthood Federation America
810 7th Ave.
New York, NY 10019
212/541-7800

Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD). Publications, P.O. Box 704, Waldorf, MD 20601; 703/476-3400.

Does AIDS Hurt?: Educating Young Children About AIDS (to age ten), 1988. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 213/438-4060.

Educator's Guide to AIDS and Other STDs, Stephen R. Sroka, 1987. Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107; 216/521-1766.

Explaining AIDS to Children, Inon Schenker, 1988. AIDS Educational Fund, P.O. Box 7956, Jerusalem, Israel.

Growing Healthy, 1989 (rev.). National Center for Health Education, 30 East 29 St., New York, NY 10016; 212/689-1886.

Guide to Teaching About AIDS, 1988. (Film, student pamphlet, parent pamphlet also available.) National Safety Council, 444 North Michigan Ave., Chicago, IL 60611; 312/527-4800.

The Immune System and AIDS, Inon Schenker, 1988. AIDS Educational Fund, P.O. Box 7956, Jerusalem, Israel.

Into Adolescence: Learning About AIDS (5-8), 1988. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 213/438-4060.

Preventing AIDS, 1988. Education Development Center, Inc., 55 Chapel St., Newton, MA 02160; 617/969-7100.

STATS: Students Teaching AIDS to Students, 1988. American Medical Student Association, 1890 Preston White Drive, Reston, VA 22091; 703/620-6600.

Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome, Marcia Quackenbush and Pamela Sargent, 1988 Edition. Network Publications, P.O. Box 1830, Santa Cruz, CA 95061; 213/438-4060.

Teenage Health Teaching Modules (THTM), 1989 (rev.). Education Development Center, Inc., 55 Chapel St., Newton, MA 02160; 617/969-7100.

AIDS: What Every Student Should Know, 1986, Maryland Dept. of Education. International Telecommunication Services, Inc., P.O. Box 1290, State College, PA 16804.

AIDS: What Everyone Needs to Know (rev). Churchill Films, 662 North Robertson Blvd., Los Angeles, CA 90069; 800/334-7830; in CA, 213/657-5110.

Beyond Fear (Three parts: *The Virus; The Individual; The Community*), 1986. American Red Cross (contact your local chapter or regional operations headquarters).

Choices: Learning About AIDS, 1988. National Safety Council, 444 North Michigan Ave., Chicago, IL 60611. (Administrator's and Teaching Guides and pamphlets for students and parents also available.)

Don't Forget Sherrie, 1988. American Red Cross (contact your local chapter or regional operations headquarters).

Drugs and AIDS: Getting the Message Out, 1988 (produced by State of the Art, Inc. for the National Institute on Drug Abuse). WETA Educational Activities, P.O. Box 2626, Washington, DC 20013; 703/998-2709.

Face to Face with AIDS, 1988 (produced by Novela Health Foundation). Karol Media, 22 Riverview Drive, Wayne, NJ 07470; 201/628-9111.

I Have AIDS: A Teenager's Story, 1988 (produced by The Children's Television Workshop; contact your local Public Broadcasting Station affiliate for information on acquisition).

Sex, Drugs, and AIDS, 1986. ODN Productions, 74 Varick St., Suite 304, New York, NY 10013; 212/431-8923.

The Subject Is AIDS, 1987. ODN Productions, 74 Varick St., Suite 304, New York, NY 10013; 212/431-8923.

'Til Death Do Us Part, 1988. New Day Films, 22 Riverview Drive, Wayne, NJ 07470; 201/633-0212.

Understanding AIDS, 1987 (one of six comprising the series Challenges and Choices). GEMINI Productions, Box 541, Winchester, MA 01890; 617/729-9585.

Audiovisuals

A Letter from Brian, 1987. American Red Cross (contact your local chapter or regional operations headquarters).

AIDS: Answers for Young People, 1987. Churchill Films, 662 North Robertson Blvd., Los Angeles, CA 90069; 800/334-7830; in CA, 213/657-5110.

AIDS: Everything You Should Know, 1987. AIMS Media, 6901 Woodley Ave., Van Nuys, CA 91406; 800/367-2467.

The AIDS Movie, 1987 (rev.). New Day Films, 22 Riverview Dr., Wayne, NJ 07470; 201/633-0212.

AIDS: What Do We Tell Our Children?, Disney Educational Productions. Coronet/MTI Film & Video, 108 Wilmot Rd., Deerfield, IL 60015; 1-800/621-2131; in IL and AL, 312/940-1260 (collect).

Miscellaneous Instructional Resources

AIDS (Acquired Immune Deficiency Syndrome), (comic book), 1987. Commercial Comics, Inc., 1500 Massachusetts Ave., N.W., Washington, DC 20005.

AIDS (puppet program). The Kids on the Block Puppet Programs, 9385-C Gerwig Lane, Columbia, MD 21046; 301/290-9095; 800/368-KIDS.

The Parent-Teen AIDS Education Program: Talking with Teens, 1988 (manual, video, brochure). San Francisco AIDS Foundation, 333 Valencia St., 4th Floor, P.O. Box 6182, San Francisco, CA 94101-6182; 415/861-3397.

Teens & AIDS: Playing It Safe (brochure). American Council of Life Insurance, Health Insurance Association of America, 1001 Pennsylvania Ave., N.W., Washington, DC 20004.

San Francisco AIDS Foundation
333 Valencia St., 4th Floor
San Francisco, CA 94103-6182
415/864-4376

Sex Information and Education Council of the U.S. (SIECUS)
32 Washington Pl., 5th Floor
New York, NY 10003
212/673-3850

U.S. Conference of Mayors
1620 Eye St., N.W., 4th Floor
Washington, DC 20006
202/293-7330

U.S. Public Health Service
Public Affairs Office
Room 725-H
200 Independence Ave., N.W.
Washington, DC 20201
202/245-6867

Young Adult Institute
460 W. 34 St.
New York, NY 10001-2382
212/563-7474

Background and Information Sources

AIDS and Adolescents: The Time for Prevention Is Now and *AIDS and Adolescents: Resources for Educators*. Center for Population Options, 1012 14th St., N.W., Washington, DC; 202/347-5700.

The AIDS Catalog. AIDS International Information Distribution Service, P.O. Box 2008, Saratoga, CA 95070; 408/866-6303.

The AIDS Challenge: Prevention Education for Young People, ed. Marcia Quackenbush and Mary Nelson with Kay Clark, 1988. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; 408/438-4080.

AIDS Education: Curriculum and Health Policy (Fastback 265), William L. Yarber. Phi Delta Kappa, 8th & Union, Box 789, Bloomington, IN 47402.

AIDS and the Education of Our Children: A Guide for Parents and Teachers. U.S. Department of Education, Office of Public Affairs, 400 Maryland Ave., S.W., Washington, DC 20202.

AIDS Educator: A Catalog of AIDS Educational Material. San Francisco AIDS Foundation, 333 Valencia St., 4th Floor, San Francisco, CA 94103; 415-864-4376.

AIDS Education at Home and School: An Activity Guide for Local PTA Leaders. The National PTA, 700 North Rush St., Chicago, IL 60611-2571; 312/787-0977.

AIDS and Safer Sex Education: An Annotated Bibliography of Print and Audio-Visual Materials for Sale. SIECUS, 32 Washington Pl., New York, NY 10003; 212/673-3850.

AIDS Information Resources Directory. American Foundation for AIDS Research (AmFAR), 40 West 57 St., New York, NY 10019-4001; 212/333-3118.

AIDS School Health Education Subfile, Combined Health Information Database (CHID), Centers for Disease Control. BRS Information Technologies, 1200 Route 7, Latham, NY 12110; 800/345-4277.

And the Band Played On, Randy Shilts, 1987. St. Martin's Press, 175 Fifth Ave., New York, NY 10010.

Confronting AIDS: Directions for Public Health, Health Care, and Research, 1986, and *Confronting AIDS: Update 1988*, Institute of Medicine, National Academy of Sciences. National Academy Press, 2101 Constitution Ave., N.W., Washington, DC 20418.

Criteria for Evaluating an AIDS Curriculum, rev. 1988. National Coalition of Advocates for Students (NCAS), 100 Boylston St., Boston, MA 02116; 617/357-8507.

Dealing with AIDS: Breaking the Chain of Infection, 1988. American Association of School Administrators, 1801 N. Moore St., Arlington, VA 22209; 703/528-0700.

Educating About AIDS, 1988 Supplemental Catalog. Network Publications, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; 408/438-4080.

Effective AIDS Education: A Policymaker's Guide, 1988. National Association of State Boards of Education, 1012 Cameron St., Alexandria, VA 22314; 703/684-4000.

Publications from Planned Parenthood (catalog). Planned Parenthood Federation of America, Inc., Education Department, 810 Seventh Ave., New York, NY 10019; 212/541-7800.

Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic, 1988. U.S. Government Printing Office, Washington, DC 20402.

Schools Face the Challenge of AIDS, 1989. Education Development Center, Inc., 55 Chapel St., Newton, MA 02160; 617/969-7100.

SIECUS Information and Service Library. Sex Information and Education Council of the U.S., 32 Washington Pl., New York, NY 10003; 212/673-3850.

Curricula

(Many state education departments have developed HIV education curricula; AIDS/HIV education coordinators for each state education agency are listed later in this section.)

AIDS: What You Should Know (5-8) and *AIDS: Understanding and Prevention* (9-12), (Student and Teacher Editions), Linda Meeks and Phil Heit, 1988. Merrill Publishing Co., 936 Eastwind Drive, Westerville, OH 43081; 614/890-1111.

AIDS: What Young Adults Should Know (Instructor's Manual and Student Guide), William Yarber, 1987. American

RESOURCE MATERIALS GUIDE

Policy Development

The Arizona Department of Education does not require or endorse the use of any specific resource materials and recommends that all materials be screened by local school district advisory boards, prior to their use in the classroom or staff education program. A program review committee, mandated by the Centers for Disease Control, did review the following materials and considered them to be appropriate for school settings.

Someone at School Has AIDS—A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
(703) 684-4000

Responding to HIV and AIDS—A Special Publication for NEA Members

The Health Information Network
100 Colony Square, Suite 200
Atlanta, GA 30361
(404) 875-8819

How Four States Put HIV/AIDS Instruction in the Classroom
(Alabama, Maryland, Nebraska, and Washington)

Council of Chief State School Officers
Resource Center on Educational Equity
379 Hall of the States
400 North Capitol Street, N.W.
Washington, DC 20001-1511
(202) 393-8159

The Arizona Prevention Resource Center (APRC)
725 South Rural Road, Suite C207
Tempe, Arizona 85287-1708
Telephone (602) 965-9666 Toll Free in Arizona 1-800-432-APRC(2772)
TTY 1-800-432-2772 Fax (602) 965-8198

All of the materials listed in the Resource Materials Guide–Appendix G– are available for free preview and/or short term use.

STAFF AND COMMUNITY EDUCATION

Saving A Generation. (videos and guide)

SELECT Media
Educational Film and Video
74 Varick Street, Suite 303
New York, NY 10013
(212) 431-8923

Endorsed by the National PTA, American School Health Association, National School Boards Association, and the National Education Association, Saving a Generation offers teachers successful strategies to help them reach students. It is a package of two videotapes and a 12-page teacher's guide that gives teachers in grades 4-12 the competence and confidence to lead young people to healthy choices. Teachers demonstrate strategies that they have built into their classroom routines. They use techniques that can be adapted to a wide range of grade levels. A variety of teachers, administrators, and parents show that effective HIV and AIDS education needs communitywide cooperation. $94.95.

AIDS: The Family and the Community. (video)

Films for the Humanities and Sciences, Incorporated
Box 2053
Princeton, NJ 08543-2053
(800) 257-5126

This program examines some of the realities: how HIV disease is transmitted; how many cases of infection are the result of sexually active teens believing that it can't happen to them; how vital to patients and their families community support is; and—whether we live in large cities or small, rural communities—how AIDS is already affecting us all. 26 minutes. $149.

American Red Cross—HIV/AIDS Instructor Training Program

American Red Cross—Central Arizona Chapter
1510 East Flower Street
P.O. Box 17090
Phoenix, AZ 85011
(602) 264-9481

The American Red Cross provides a 16-hour HIV/AIDS education program which also includes an excellent instructor manual. The program prepares the participants to provide in-services to adult audiences.

Black People Get AIDS Too.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
(800) 334-7830

In animation and interviews with black physicians and community leaders, the program looks at the causes and symptoms of HIV disease, its effects on the immune system, HIV antibody test, and the social and economic ramifications of the disease. Experts do provide advice on what constitutes safer sexual practices, the use of condoms and spermicides and the risk of sharing drug paraphernalia. Community, government, and religious leaders speak out about their roles in disseminating AIDS information, and a young black male, who died shortly after filming, describes his experience and the importance of education in the black community. 20 minutes. $295.

What Ramon Did. Hosted by Esia Morales. (video)

AIMS
6901 Woodley Avenue
Van Nuys, CA 91406-4878
(800) 367-2467

Created for Hispanics, by Hispanics, this unique dramatic program is endorsed by Chicanos Por La Causa and the League of United Latin American Citizens. Produced by the crew of "Hill Street Blues," the film reliably dispels myths and emphasizes HIV/AIDS awareness and risk avoidance. In the story, Ramon, an intravenous drug user, returns from jail to his old neighborhood. His neighbors and friends are afraid that he may be a carrier of AIDS, for they know that "what Ramon did" was share needles with other addicts. Ramon's behavior becomes a catalyst for examination and changing lifestyles in Ramon's community. 30 minutes. $395.

AIDS Prevention Guide—for Parents and Other Adults Concerned about Youth.

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(800) 458-5231

The above guide is free. Also available are free posters for both elementary and secondary school students in both English and Spanish. Ask for the catalog.

The Centers for Disease Control's National AIDS Hotline

(800) 342-AIDS
(800) 344-SIDA
(800) AIDS-TTY

These numbers offer 24-hour service, seven days per week, to respond to any questions you or a young person may have about the HIV or AIDS. All calls are free.

Combined Health Information Database (CHID)

Centers for Disease Control
Center for Health Promotion and Education
Division of Health Education
School Health Education Subfile
Atlanta, GA 30333
(404) 329-3492

UNIVERSAL PRECAUTIONS FOR SCHOOL STAFF

Universal Precautions for School Staff (video)

AMS Distributors, Incorporated
P.O. Box 457
Roswell, GA 30077
(404) 664-0713

Video demonstrating how to apply universal precautions for preventing the spread of HIV disease and Hepatitis B in typical school situations. 18 minutes. $199.

"It's Up To You"—Universal Hygiene Procedures. (video)

American Federation of Teachers
555 New Jersey Avenue, N.W.
Washington, DC
(800) 238-1133, Extension 4490

Poster on universal precautions is free. The 15-minute video, which specifically addresses universal precautions in the school setting, is only $6!

PRESCHOOL AND EARLY ELEMENTARY EDUCATION

Thumbs Up For Kids: AIDS Education. (video and guide)

AIMS Media
9710 DeSota Avenue
Chatsworth, CA 91311-4409
(800) 367-2467

Ruby Peterson (formerly "Miss Nancy" on "Romper Room") teaches young children about good health, germs, and AIDS through lively songs and activities. Allays children's fears about AIDS and uses "healthy helpers" to serve as positive role models for children. Grades K-2. $250.

AIDS: Let's Talk. (video and guide)

New Dimension Media, Incorporated
85803 Lorane Highway
Eugene, OR 97405
(800) 288-4456

Through young narrators, puppetry, and gentle humor, the program informs about AIDS, dispels unnecessary fears, and encourages understanding with information appropriate to this age level. Grades 2-5. $295.

My Name Is Jonathan (And I Have AIDS. (book)

Prickly Pair Publishing and Consulting Company
9628 West Oregon Place
Denver, CO 80232
(303) 986-3505

A book for students K-6 to help them and their parents understand why it is safe for a child with AIDS to go to school. English and Spanish. $12.95.

Beginnings: You Won't Get AIDS. (video and guide) 14 minutes.

Aims Media
6901 Woodley Avenue
Van Nuys, California 91406-4878

A group of 6–10-year-olds at soccer practice. One child gets injured and expresses concern about getting AIDS. Through discussion and song, the soccer coach explains to the children myths and facts concerning the disease. Grades 2–4.

Children and the AIDS Virus. (book)

Clarion Books
Rosemarie Hausheer, Author
215 Park Avenue South
New York, NY 10003
1-800-225-3362

Content is about a five-year-old and a ten-year-old child with AIDS. One child is Caucasian and one child is black. Very sensitively written, lots of pictures of the children enjoying normal childhood activities. Large print is used for younger children, and for the older children in-depth discussions in smaller print are included on the bottom of the page. Both children are in school. $13.95.

Come Sit With Me. (book)

Children With AIDS Project of America
4020 North 20th Street, Suite 103
Phoenix, Arizona 85016

A book about young children in school. An HIV-infected child, Nicholas, is befriended by another child, Karen. The result is fear and concern by parents. Education ensues for parents and children, resulting in the acceptance of Nicholas by all. For reading to or by early elementary age children. Additional HIV/AIDS information given following the story. $6.95

Friends for Life—The Kids on the Block Book Series.

Twenty-first Century Books
38 South Market Street
Frederick, MD 21701
(301) 698-0210

This story, in which the advisor of a student club is found to have AIDS, examines the response of the community, the students, and the advisor herself. There is a positive outcome eventually; however, not before some difficult issues are faced. $12.95.

"Does AIDS Hurt?"—Educating Young Children about AIDS. Suggestions for teachers, parents, and other care providers of children to age 10. (book)

Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

This book offers a host of suggestions on how to answer young children's questions about HIV; how to integrate an HIV-positive child into the school setting; how to discuss the infectivity of a relativity or family friend with a young child, and suggestions for classroom education. $14.95.

Germ Smart: Children's Activities in Disease Prevention.

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

This easy to-use teacher's guide introduces age-appropriate role-play, puppetry, crafts, and games to help students in K-3 understand basic disease prevention. $9.95.

Terry the Friendly Dragon Helps You Be A.I.D.S. Smart—A Study Guide and Activity Book for the Grade School Child.

Creative Graphics
127 South Main Street
Mount Vernon, OH 43050
(614) 392-4327

Free sample! They also have two 37-page curriculum guides, one each from grades K-3 and 4-6. These provide suggested vocabulary, sample activity/worksheets, and notes for the teacher. $95 per guide or $175 for both.

Let's Talk About AIDS—An Information and Activity Book.

Channing L. Bete Company, Incorporated
Southfield, MA 01373
(800) 628-7733

AIDS and the Immune System. (video)

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

Four young friends interact throughout the video; one is HIV-positive, one gets the flu, and one gets a sliver in her finger. This short but effective video (12 minutes!) accurately describes immune functions in all of these scenarios, and explains how the HIV differs from other viruses. it ends with the other children feeling more comfortable socializing with their friend who is HIV positive. Sensitive and nice family dynamics. Ages 9-11. $225.

Defending the Castle. (book)

Ann Lerner, Program Administrator
Robert Wood Johnson Medical School
Hem/Onc, Room 378
UMDNJ
1 Robert Wood Johnson Place
New Brunswick, NJ 08903-0019
(908) 937-7681

This book discusses the immune system and HIV/AIDS, likening the human body to a castle, with the immune system as an army, the white blood cells as knights and squires, and disease as the enemy. Many illustrations. Post test at the end. Grades 5 and up. $3.50

MIDDLE SCHOOL AND HIGH SCHOOL STUDENT EDUCATION

AIDS and the Immune System. Sixth grade. 12 minutes.

The video describes how the human system fights against germs that enter the body. With animation, both viruses and bacteria are shown being destroyed by white cells. HIV is depicted attacking the cells, multiplying inside them, and killing them. A boy who is infected with HIV explains to his schoolmates that he can only give the virus to others if his blood gets into their blood. $225.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

AIDS/HIV: Answers for Young People. Seventh grade. 18 minutes.

This video gives basic information about the AIDS virus and how it is transmitted. An intermediate school student who is infected with the AIDS virus shares his experience of being excluded from school. He is shown after returning to school and interacting with his classmates. Saying no to sexual intercourse and not using drugs taken with needles are emphasized as personal choices that provide safety from the AIDS virus. $275.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

AIDS: Taking Action. Eighth grade. 19 minutes.

This video features a young narrator and junior high-age students. The narrator dispels common myths about AIDS transmission and describes the prevention of transmission. The operation of the immune system is described in general as it relates to AIDS. $275.

New Dimension Media, Incorporated
85803 Lorane Highway
Eugene, OR 97405
(800) 288-4456

Teen AIDS in Focus. Ninth grade. 16 minutes.

This video personalizes HIV/AIDS for teens, young adults, educator, parents, and mentors. It introduces viewers to three young people with HIV infection who talk openly about their lives, relationships, and perspectives on the future. These teens talk from their hearts in a way that connects with school-age youth of all racial, ethnic, and socioeconomic backgrounds.

ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830
(800) 321-4407

A Million Teenagers. Tenth grade. 18 minutes.

This is an animated video about Sexually Transmitted Diseases (STDs) including herpes, chlamydia, and AIDS. Explanation of the physiology of the diseases, their transmission, symptoms, treatment, and dangers are discussed. $360.

Churchill Films
12210 Nebraska Avenue
Los Angeles, CA 90025
1-800-334-7830

A Letter from Brian. Eleventh grade. 29 minutes.

The dramatic story shows the effects on high school students who learn about a friend who got AIDS by sharing intravenous drug needles. The students struggle with their responses and the choices they have to make.

American Red Cross, National Headquarters
1709 New York Avenue, N.W.
Suite 208
Washington, DC 20006
(202) 639-3223

Don't Forget Sherrie. Twelfth grade. 32 minutes.

This video is a powerful drama focusing on a group of black urban teenagers. The relationship of Tim, a high school athlete, and Robin, his girlfriend, is threatened when Tim discovers that his ex-girlfriend, Sherrie, is dying from AIDS. Tim and Sherrie had experimented with intravenous drugs. The AIDS prevention information is presented throughout the video.

American Red Cross, National Headquarters
1709 New York Avenue, N.W.
Suite 208
Washington, DC 20006
(202) 639-3223

Sexually Transmitted Diseases and AIDS. Seventh - Twelfth grade. 26 min.

This program briefly reviews the "teamwork" that takes place in the immune system, and then proceeds to discuss how it attempts to battle sexually transmitted diseases such as chlamydia, gonorrhea, syphilis and AIDS. Included also is a candid interview with a widow of an AIDS victim showing how quickly, or slowly, the body's immune system can be destroyed by the HIV virus, making the body unable to fight off even the most simple infections. $295.

Altschul Group Corporation
1560 Sherman Avenue, Suite 100
Evanston, IL 60201

Just Like Us: AIDS Prevention. Tenth grade and up. 25 min.

Interviews seven young HIV-positive young people, most of whom contracted the disease through heterosexual sex. This personal approach helps students to understand that anyone can get AIDS. It's an emotional video, sending an abstinence message through its hard hitting and compelling interviews with HIV-positive youth. $149.

Sunburst Communications
39 Washington Avenue
P.O. Box 40
Pleasantville, NY 10570-0040

Just Say kNOw To Aids. Seventh Grade and up. 50 min.

Health Education Learning Programs has produced four versions of this powerful and informative program for AIDS prevention/education. All versions advocate abstinence while relaying important information regarding HIV and AIDS. HIV and AIDS patients share the truth about the costs, realities and discrimination of having this deadly virus while experts from the medical field substantiate the facts. Popular teen celebrities are also included. Both the Abstinence Versions and the Safer Sex Versions are available in a one- or two-day presentation format. $195 each version.

Health Education Learning Programs
1309 East Northern Avenue, Suite 304
Phoenix, AZ 85020

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ADE
Printed in Phoenix, AZ by the Arizona Department of Education.
Copies: 300, Total Printing Cost: $2420.00, Unit Cost: $8.068, Date: 9/93